

No. 22-55873

**IN THE UNITED STATES COURT OF APPEALS  
FOR THE NINTH CIRCUIT**

---

LUKE DAVIS, JULIAN VARGAS, and AMERICAN COUNCIL OF THE BLIND,  
individually and on behalf of all others similarly situated,

*Plaintiffs-Appellees,*

v.

LABORATORY CORPORATION OF AMERICA HOLDINGS, DBA  
(doing business as) Labcorp,

*Defendant-Appellant.*

---

Appeal from an Order of the United States District Court  
for the Central District of California  
Case No. 2:20-cv-00893-FMO-KS · The Honorable Fernando M. Olguin

---

**EXCERPTS OF RECORD  
VOLUME 6 OF 8 – Pages 1215 to 1500**

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Attorneys for Appellant  
LABORATORY CORPORATION OF AMERICA HOLDINGS

# **EXHIBIT 4**

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JA0023

# EXHIBIT 5

### DECLARATION OF SHEILA DERRICK

I, Sheila Derrick, declare the following:

1. The facts contained in this declaration are within my personal knowledge, and I could and would testify truthfully to those facts if called to do so under oath.
2. I live in Fort Worth, Texas.
3. I am legally blind and use screen magnification software to interface with my computer and VoiceOver software to interface with my phone.
4. In the past three years I have been a patient at LabCorp.
5. I am unable to independently check in using LabCorp's check-in kiosks or engage in any other services provided by these kiosks because they have not been made accessible to blind patients.
6. I have arrived at LabCorp in the past 3 years to find that no staff member was present at the front desk, forcing me to use the assistance of others to check in via LabCorp's kiosk.
7. If LabCorp's kiosks were VoiceOver compatible, I would be able to independently use them.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and recollection.

Date: 2/15/2021

DocuSigned by:  
*Sheila Derrick*  
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JA0024

# EXHIBIT 6

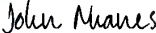
### DECLARATION OF JOHN NUANES

I, John Nuanes, declare the following:

1. The facts contained in this declaration are within my personal knowledge, and I could and would testify truthfully to those facts if called to do so under oath.
2. I live in Tujunga, California.
3. I am legally blind and use a screenreader and VoiceOver software to interface with my computer and phone.
4. In the past three years I have been a patient at LabCorp.
5. I am informed and believe that LabCorp's check-in kiosks offer no voice over abilities for users. Without such functionality, I would be unable to independently check in using LabCorp's check-in kiosks or engage in any other services provided by these kiosks because they have not been made accessible to blind patients.
6. When I have arrived at LabCorp in the past 3 years, my wife has had to check me in via LabCorp's kiosk.
7. If LabCorp's kiosks were screenreader and VoiceOver compatible, I would be able to independently use them.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and recollection.

Date: 2/16/2021

DocuSigned by:  
  
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JA0025

# EXHIBIT 7


### DECLARATION OF QIANA SWILLEY

I, Qiana Swilley, declare the following:

1. The facts contained in this declaration are within my personal knowledge, and I could and would testify truthfully to those facts if called to do so under oath.
2. I live in Houston, Texas.
3. I am legally blind and use a screenreader and VoiceOver software to interface with my computer and phone.
4. In the past three years I have been a patient at LabCorp.
5. I am unable to independently check in using LabCorp's check-in kiosks or engage in any other services provided by these kiosks because they have not been made accessible to blind patients.
6. I have arrived at LabCorp in the past 3 years to find that no staff member was present at the front desk, forcing me to use the assistance of others to check in via LabCorp's kiosk.
7. My need to rely on others to assist in checking in at LabCorp has caused me to wait longer than other patients to check in.
8. If LabCorp's kiosks were screenreader and VoiceOver compatible, I would be able to independently use them.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and recollection.

Date: 2/15/2021

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JA0026

# EXHIBIT 8



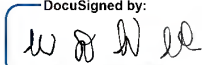
### DECLARATION OF WANDA WILLIFORD

I, Wanda Williford, declare the following:

1. The facts contained in this declaration are within my personal knowledge, and I could and would testify truthfully to those facts if called to do so under oath.
2. I live in Trenton, New Jersey.
3. I am legally blind and use a screenreader and VoiceOver software to interface with my computer and phone.
4. In the past three years I have been a patient at LabCorp.
5. I am unable to independently check in using LabCorp's check-in kiosks or engage in any other services provided by these kiosks because they have not been made accessible to blind patients.
6. I have arrived at LabCorp in the past 3 years to find that no staff member was present at the front desk, forcing me to use the assistance of others to check in via LabCorp's kiosk.
7. If LabCorp's kiosks were screenreader and VoiceOver compatible, I would be able to independently use them.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and recollection.

Date: 2/15/2021

DocuSigned by:  
  
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JA0027

# EXHIBIT 9


### DECLARATION OF MARY FLANAGAN

I, Mary Flanagan, declare the following:

1. The facts contained in this declaration are within my personal knowledge, and I could and would testify truthfully to those facts if called to do so under oath.
2. I live in Wake Forest, North Carolina.
3. I am legally blind and use a screenreader and VoiceOver software to interface with my computer and phone.
4. In the past three years I have been a patient at LabCorp.
5. I am unable to independently check in using LabCorp's check-in kiosks or engage in any other services provided by these kiosks because they have not been made accessible to blind patients.
6. I have arrived at LabCorp in the past 3 years to find that no staff member was present at the front desk, forcing me to use the assistance of others to check in via LabCorp's kiosk.
7. If LabCorp's kiosks were screenreader and VoiceOver compatible, I would be able to independently use them.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and recollection.

Date: 2/16/2021

DocuSigned by:  
  
6EF6ABBB6D6C440...

JA0028

# EXHIBIT 10

### DECLARATION OF DOMINICK PETRILLO

I, Dominick Petrillo, declare the following:

1. The facts contained in this declaration are within my personal knowledge, and I could and would testify truthfully to those facts if called to do so under oath.
2. I live in Beverly, New Jersey
3. I am totally blind and use Jaws with my computer and VoiceOver software to interface with my phone.
4. In the past three years I have been a patient at LabCorp.
5. I am unable to independently check in using LabCorp's check-in kiosks or engage in any other services provided by these kiosks because they have not been made accessible to blind patients.
6. I have arrived at LabCorp in the past 3 years to find that no staff member was present at the front desk, forcing me to use the assistance of others to check in via LabCorp's kiosk.
7. If LabCorp's kiosks were VoiceOver compatible, I would be able to independently use them.

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and recollection.

Date: 2/18/2021

DocuSigned by:  
Dominick Petrillo  
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JA0029

# EXHIBIT 11

Page 1

IN THE UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA

LUKE DAVIS, JULIAN VARGAS, AND  
AMERICAN COUNCIL OF THE BLIND,  
INDIVIDUALLY AND ON BEHALF OF  
ALL OTHERS SIMILARLY SITUATED,

Plaintiffs,

Case No.

vs.

2:20-cv-00893-FMO-KS

LABORATORY CORPORATION OF  
AMERICA HOLDINGS,  
Defendant.

\_\_\_\_\_ /

Pursuant to Notice, the remote video  
deposition of CLAIRE STANLEY was taken on  
Monday, December 7, 2020, commencing at 10:00  
a.m., before David C. Corbin, a Registered  
Professional Reporter and Notary Public.

REPORTED BY: David Corbin, RPR

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A P P E A R A N C E S  
ON BEHALF OF THE PLAINTIFFS:  
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I N D E X

Name of Witness

Claire Stanley

Examination:

Page

By Mr. Steiner

4

E X H I B I T S

Exhibit 1 ACB Survey, June 2020

32

Exhibit 2 Complaint

34

Exhibit 3 Letter, 11/25/2020

84

Page 4

1 IT IS HEREBY STIPULATED AND AGREED that  
2 the reading and signing of this deposition are not  
3 waived.

4 COURT REPORTER: This is David Corbin,  
5 court reporter. Due to the Government's  
6 guidelines on social distancing, this  
7 deposition is being conducted remotely. If I  
8 could have counsel stipulate and agree that the  
9 swearing in of the witness will also be  
10 conducted remotely.

11 MR. HANDLEY: I agree.

12 MR. STEINER: Yes, for the defendant, we  
13 agree.

14 CLAIRE STANLEY,  
15 duly been sworn/affirmed to tell the truth, the  
16 whole truth, and nothing but the truth, testifies as  
17 follows:

18 E X A M I N A T I O N

19 BY MR. STEINER:

20 Q. Good morning, Ms. Stanley. My name is Rob  
21 Steiner. I'm a lawyer at Kelley, Drye and Warren,  
22 and I represent Laboratory Corporation of America  
23 Holdings in an action that was filed by Luke Davis,  
24 Julian Vargas and the American Council for the  
25 Blind. Could you state your full name and address

Page 18

1     also assist with potential litigation if people are  
2     being discriminated against because of their  
3     blindness. We also interact with federal agencies.  
4     And we do quite a bit of lobbying on Capital Hill to  
5     promote legislation that will positively impact the  
6     lives of people who are blind or visually impaired.

7           Q.     And to whom do you report?

8           A.     My direct supervisor is Clark Rachfal, the  
9     director of advocacy and governmental affairs.

10          Q.     Can you spell the last name for me,  
11     please.

12          A.     R-A-C-H-F-A-L.

13          Q.     And does anyone report to you?

14          A.     No.

15          Q.     And as I understand it, and please if you  
16     have a better way of describing it, feel free to  
17     correct me, the ACB is an advocacy group for people  
18     who are blind or visually impaired. Is that fair?

19          A.     Yes. But the addition is that we're a  
20     membership organization of persons who are blind and  
21     visually impaired who get together for all kinds of  
22     activities across the United States.

23          Q.     And there are approximately 20,000  
24     members; is that correct?

25          A.     Correct.

# EXHIBIT 12

1 UNITED STATES DISTRICT COURT  
2 FOR THE CENTRAL DISTRICT OF CALIFORNIA  
3

4 LUKE DAVIS and JULIAN VARGAS, CASE NO.: 2:20-cv-00893  
5 individually on behalf of  
6 themselves and all others  
7 similarly situated,

8 Plaintiffs,

9 v.

10 LABORATORY CORPORATION OF  
11 AMERICA HOLDINGS; and DOES 1-10,  
12 inclusive,  
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14 Defendants.  
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VIDEOTAPED VIDEOCONFERENCE DEPOSITION OF JOSEPH  
SINNING, Laboratory Corporation of America Holdings  
30(b)(6), Volume 1, taken on behalf of Plaintiffs, at  
Cape Girardeau, Missouri, beginning at 10:05 a.m. and  
ending at 3:55 p.m., on Tuesday, February 2, 2021, before  
LESLIE JOHNSON, Certified Shorthand Reporter No. 11451.

Page 2

1 APPEARANCES:

2  
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4 Proposed Class:

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15 For Plaintiff Luke Davis, Julian Vargas, and American  
16 Council of the Blind:

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23  
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25 Continued

Page 3

1 APPEARANCES (Cont.)

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7 New York, New York 10178

8 (212) 808-7800

9 rsteiner@kelleydrye.com

10 Also Present:

11 SCOTT SLATER, Videographer

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Page 4

## I N D E X

WITNESS EXAMINATION

JOSEPH SINNING, 30 (b) (6)

Volume 1

BY MR. MILLER 11

## EXHIBITS

JOSEPH SINNING

NUMBER	DESCRIPTION	PAGE
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Exhibit 13	Project Horizon Non-Functional Requirements; Bates stamped Davis-LabCorp00002055 to 2065	123
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1	EXHIBITS (Cont.)		
2	JOSEPH SINNING		
3	NUMBER	DESCRIPTION	PAGE
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5	Exhibit 15	Aila Brochure; Bates stamped Davis-LabCorp00002836 to 2863	132
6	Exhibit 16	Aila Quotation; Bates stamped Davis-LabCorp00001758	133
7	Exhibit 17	Software Development Kit License Agreement; Bates stamped Davis-LabCorp00002639 to 2643	133
8	Exhibit 18	Armor Active Radius Stands Brochure; Bates stamped Davis-LabCorp00002788 to 2792	138
9	Exhibit 19	Black & White photo; Bates stamped Davis-LabCorp00004133	139
10	Exhibit 20	Express Triage Guide; Bates stamped Davis-LabCorp00004327 to 4340	151
11	Exhibit 21	"Having Trouble Checking In?"; Bates stamped Davis-LabCorp00001012 to 1013	163
12	Exhibit 22	ADA - Public Action Accommodation Policy; Bates stamped Davis-LabCorp00004296 to 4297	143
13	Exhibit 23	Screenshots; Bates stamped Davis-LabCorp00003276 to 3296	164
14	Exhibit 24	Letter dated November 25, 2020	148
15	Exhibit 25	Comment Analysis; Bates stamped Davis-LabCorp00000322 to 333	177
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1	EXHIBITS (Cont.)		
2	JOSEPH SINNING		
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15	Exhibit 27	Phlebotomy Notes; Bates stamped Davis-LabCorp00004293 to 4295	198
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EXHIBITS (Cont.)

JOSEPH SINNING

NUMBER	DESCRIPTION	PAGE
Exhibit 31	Defendant Laboratory Corporation Of America Holdings's Responses and Objections to Plaintiff Julian Vargas's Amended Rule 30(b)(6) Deposition Notice Topics	205

Page 8

1 Cape Girardeau, Missouri, Tuesday, February 2, 2021

2 10:05 a.m.

3

4 THE VIDEOGRAPHER: Good morning. We are

5 on the record at 10:05 a.m. on February 2nd, 2021. 10:05:50

6 Please note that the microphones are sensitive and

7 may pick up whispering, private conversations, or

8 cellular interference. Audio and video recording

9 will continue to take place unless all parties agree

10 to go off the record. 10:06:10

11 This is Media Unit 1 of the video-recorded

12 deposition of the PMK of Laboratory Corporation of

13 America Holdings, Mr. Joe Sinning, taken by counsel

14 for Plaintiff in the matter of Luke Davis and Julian

15 Vargas, et al. versus Laboratory Corporation of 10:06:30

16 America Holdings, et al. filed in the United States

17 District Court for the Central District of

18 California, Case No. 2:20-cv-00893.

19 This deposition is being held as a virtual

20 deposition via Zoom with the witness located in Cape 10:06:51

21 Girardeau, Missouri.

22 My name is Scott Slater from the firm

23 Veritext Legal Solutions, and I am the videographer.

24 The court reporter is Leslie Johnson from the firm

25 Veritext Legal Solutions. I am not related to any 10:07:05

Page 9

Veritext Legal Solutions  
866 299-5127

JA0042

1 party in this action nor am I financially interested 10:07:09  
2 in the outcome.

3 Counsel and all present will now state  
4 their appearances and affiliations for the record.  
5 If there are any objections to proceeding, please 10:07:15  
6 state them at the time of your appearance, beginning  
7 with the noticing attorney.

8 MR. MILLER: Thank you. Jonathan Miller  
9 for the plaintiffs.

10 MR. STEINER: Rob Steiner for the 10:07:24  
11 defendant and the witness.

12 MR. SWEET: Benjamin Sweet on behalf of  
13 plaintiffs and the class.

14 MR. HANDLEY: Matthew Handley on behalf of  
15 the plaintiff. 10:07:41

16 MR. APPLEBY: Callum Applyby on behalf of  
17 the plaintiff.

18 THE VIDEOGRAPHER: Thank you very much.  
19 Will the court reporter please administer  
20 the oath. 10:07:42

21  
22 JOSEPH SINNING,  
23 having been first duly sworn, was examined and  
24 testified as follows:  
25 10:07:59

Page 10

1 BY MR. MILLER: 10:35:53

2 Q And, Mr. Sinning, this is the corporate  
3 background from LabCorp's website. I just want to  
4 ask you a preliminary question.

5 Have you ever reviewed any of LabCorp's 10:36:01  
6 marketing material similar to this document before?

7 A I have not seen this document before.

8 Q Let me just ask you a few questions, and  
9 let me know if you disagree based on your own  
10 personal knowledge. 10:36:13

11 You can see in the second paragraph here,  
12 in the last sentence, second sentence from the  
13 bottom, it says "LabCorp serves hundreds of  
14 thousands of customers around the world and provides  
15 diagnostic drug development and technology-enabled 10:36:26  
16 solutions for more than 160 million patient  
17 encounters per year."

18 Do you agree that that's what LabCorp  
19 accomplishes in its business, basically?

20 MR. STEINER: Sorry, Jonathan. Objection. 10:36:37  
21 Beyond the scope. Foundation.

22 THE WITNESS: I agree that that's what's  
23 printed here, so I would assume that it's correct.  
24 But I don't have direct knowledge of that number.

25 / / / /

Page 34



1 patients can access the diagnostic services that 10:40:46

2 LabCorp offers, correct?

3 A That is correct.

4 Q Just returning to Exhibit 5 briefly. If I

5 could direct you to the second page, first 10:41:15

6 paragraph, penultimate sentence starting with "The

7 segment offers a growing menu of nearly 5,000 tests,

8 including a wide range of clinical, anatomic

9 pathology, kinetic, and genomic tests."

10 Do you see that, sir? 10:41:36

11 A I do.

12 Q Is it true that the LabCorp patient

13 service centers provide access to those 5,000 types

14 of tests?

15 MR. STEINER: Objection. Beyond the 10:41:46

16 scope.

17 THE WITNESS: Based on the order of the

18 physician, we would provide access to any test

19 offered through LabCorp.

20 BY MR. MILLER: 10:41:55

21 Q But it is correct that LabCorp provides

22 approximately -- or nearly 5,000 different types of

23 diagnostic tests for patients; isn't that true?

24 MR. STEINER: Object to the form. Beyond

25 the scope. 10:42:06

Page 38



1 THE WITNESS: That's what's written. I 10:42:07  
2 don't have direct knowledge of the exact number of  
3 tests within the organization.

4 BY MR. MILLER:

5 Q Do you have any reason or evidence to 10:42:11  
6 believe that that number that's referenced here is  
7 incorrect?

8 A I do not.

9 Q Are any of the patient service centers  
10 that are located within the United States outfitted 10:42:30  
11 with kiosks for purposes of checking in the patient?

12 MR. STEINER: Object to the form.

13 THE WITNESS: Most of our patient service  
14 centers have a kiosk as one option of checking in  
15 and for patients while they're coming into the PSC. 10:42:47

16 BY MR. MILLER:

17 Q Do all the PSCs have kiosks? You were  
18 saying most. Is there some subset that do not?

19 A There are a few that do not for IT or  
20 space reasons that we've not been able to outfit 10:43:02  
21 them.

22 Q How many of the kiosks within the United  
23 States -- excuse me.

24 How many of the patient service centers in  
25 the United States have kiosks that permit check-in 10:43:13

Page 39

1 processes for patients? 10:43:19

2 A The last count I have is 1,853 of them.

3 Q And do you have an understanding of the  
4 number of patient service centers in California that  
5 have kiosks that allow a patient to check in? 10:43:34

6 A My understanding from the last count we  
7 did is there were 19 that did not out of that 299.

8 Q So, if I just subtract 19 from 299, I can  
9 get to the number of patient service centers in  
10 California that have kiosk check-in? 10:44:01

11 A Yes, sir. I didn't want to try to do that  
12 mental math, sorry.

13 Q That's all right.

14 Now, LabCorp doesn't discriminate in  
15 providing access to its services at patient service 10:44:13  
16 centers, does it, sir?

17 A Absolutely not.

18 Q LabCorp seeks to serve all members of the  
19 public who wish for services, including individuals  
20 with disabilities, right? 10:44:24

21 A That is correct.

22 Q And that includes individuals who are  
23 blind or low vision, true?

24 A Correct.

25 Q And you would agree that LabCorp provides 10:44:32

Page 40

1 testing, wouldn't you? 10:45:28

2 MR. STEINER: Object to the form.

3 THE WITNESS: Yes, sir.

4 BY MR. MILLER:

5 Q How do you have that understanding? 10:45:32

6 A I have knowledge of having blind people

7 come into the PSC and being serviced by our PSTs.

8 Q How do you have that knowledge?

9 A I've been in some locations when it was

10 transpiring as well as had conversations with people 10:45:46

11 about how the service had gone.

12 Q So you yourself have actually observed

13 blind individuals coming into the patient service

14 center to obtain testing services?

15 A I have on two occasions, yes. 10:46:02

16 Q And then how many other occasions have you

17 been made aware that blind individuals accessed

18 patient service centers for diagnostic testing?

19 A Only on two other occasions where we heard

20 about how the service went. 10:46:19

21 Q And where did those reports come from?

22 A It was in conversations with

23 phlebotomists, making sure that they have a good

24 understanding of how to work with individuals.

25 Q Well, LabCorp engaged in a project called 10:46:34

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1 Project Horizon; isn't that true? 10:46:37

2 A That is our kiosk project, sir.

3 Q And that project began in the 2016 time

4 frame; is that correct?

5 A Yes, sir. 10:46:48

6 Q And the purpose of the project was to

7 implement patient self-service at the LabCorp

8 patient service centers, right?

9 MR. STEINER: Object to the form.

10 THE WITNESS: No. The purpose was to 10:46:59

11 create a tablet self-check-in service as an option

12 for patients in our PSCs.

13 BY MR. MILLER:

14 Q So, effectively, you were attempting to

15 create a self-check-in service for patients at each 10:47:09

16 one of your patient service centers; is that -- am I

17 correct?

18 A It's a self-check-in option for patients.

19 They can either use the tablet or they can go to our

20 window and be serviced for the check-in purposes. 10:47:21

21 Q But now patients can do other things at

22 the self-service center other than just check-ins;

23 isn't that true?

24 MR. STEINER: Object to the form.

25 THE WITNESS: They can make a payment on 10:47:32

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1 account or on an NOBD, which is notice of balance 10:47:34  
2 due. They can also do that at the front window.

3 BY MR. MILLER:

4 Q But as it relates specifically to the  
5 kiosks that have been placed in the patient service 10:47:45  
6 center, they can make a payment. That's another  
7 thing they can do other than to check in, right?

8 A Yes. There is a credit card machine on  
9 the side of it.

10 Q Can they change their appointments for the 10:47:55  
11 future?

12 A No, sir, they cannot.

13 Q Is that part of the functionality that's  
14 going to be rolled out eventually?

15 A It's in a backlog, but it has not been 10:48:02  
16 developed.

17 Q But does the company have plans to roll  
18 out the ability to schedule appointments through the  
19 kiosk check-in -- or excuse me.

20 Does LabCorp have plans to allow patients 10:48:17  
21 to make appointments through the kiosk?

22 A It's an idea that's been discussed, but  
23 there is no definitive plan as to when that may come  
24 to fruition.

25 Q As part of the Project Horizon, there was 10:48:32

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1 a risk assessment done by LabCorp; isn't that true? 10:48:35

2 A That's my understanding. I have not  
3 viewed the risk assessment.

4 Q And the risk assessment was done to review  
5 various risk scenarios that would prevent LabCorp 10:48:47  
6 from being successful in Project Horizon; isn't that  
7 correct?

8 MR. STEINER: Objection. Beyond the  
9 scope.

10 THE WITNESS: I have no knowledge of what 10:48:57  
11 was done as part of that risk assessment.

12 BY MR. MILLER:

13 Q Who made this risk assessment, to your  
14 knowledge?

15 A That would have been part of the steering 10:49:03  
16 committee, is my understanding, that was developed  
17 back then.

18 (Exhibit 6 marked for identification.)

19 BY MR. MILLER:

20 Q I'm going to show you what we'll mark as 10:49:17  
21 Exhibit No. 6. This is a document that's been  
22 produced by LabCorp starting at Bates stamp 55 and  
23 continuing on through Bates stamp 63, labeled  
24 "Project Verizon Business SME Working Group Homework  
25 Assignment 8/23/16." 10:50:07

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1 information? 10:53:46

2 MR. STEINER: Object to form.

3 Speculation.

4 THE WITNESS: It would be the directors  
5 and managers of the sites within the divisions that 10:53:51  
6 would know that.

7 BY MR. MILLER:

8 Q So here on the document, returning to  
9 Exhibit 6, it says "Mitigation strategy," "PIR/PST  
10 required service patient. Possibly offer a braille 10:54:21  
11 option at the device."

12 You already indicated what a PIR is, so  
13 what, for the record, is a PST?

14 A PST is a patient service technician,  
15 otherwise known as a phlebotomist. 10:54:34

16 Q To your knowledge, is any braille option  
17 offered at any of the kiosks in patient service  
18 centers throughout the United States?

19 A No, sir, there is not.

20 Q Do you know why not? 10:54:52

21 A We have the staff to service the patients,  
22 and that's the direction we've chosen to go.

23 Q Who made that decision?

24 A It would have been Richard Porter and  
25 Kevin DeAngelo back in the day. 10:55:05

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1 really numbered. Are you talking about where it 11:24:48  
2 says "CEP Scope Summary"?

3 Q Right.

4 A Okay.

5 Q And does CEP stand for capital expenditure 11:24:57  
6 proposal? Is that your understanding of what it  
7 stands for?

8 A Based on what I'm seeing in front of me,  
9 yes, sir.

10 Q And this was one of the slides that was 11:25:06  
11 presented to you by LabCorp in 2016?

12 A If it was this presentation, then yes.

13 Q Did you come to have an understanding that  
14 the Project Horizon requested a capital of  
15 \$22.4 million to implement it? 11:25:21

16 MR. STEINER: Objection. Beyond the  
17 scope.

18 THE WITNESS: That's what I see written in  
19 the slide. I don't recall that exact conversation.

20 BY MR. MILLER: 11:25:33

21 Q Have you ever come to that knowledge from  
22 any other source other than a presentation?

23 A No, sir. I don't -- I don't have that  
24 direct knowledge.

25 Q And was it presented to you that there was 11:25:45

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1 a calculated tenure internal rate of return at 11:25:47  
2 28.9 percent and a payback of 3.6 years to recoup  
3 that expenditure?

4 A That's what I see written on the screen.  
5 Again, I don't recall that exact discussion back in 11:25:59  
6 2016.

7 Q As you sit here today, are you aware of  
8 whether the Project Horizon has recouped the initial  
9 outlay of money to implement the process?

10 MR. STEINER: Objection. Beyond the 11:26:14  
11 scope.

12 THE WITNESS: The only thing I'm aware of  
13 is the tracking that we did to show that we saved  
14 \$14 million in -- I believe it was 2019. We have  
15 done no other tracking of the savings from the 11:26:29  
16 project.

17 BY MR. MILLER:

18 Q In 2019, what was the \$14 million savings  
19 from? What expenditures were no longer necessary?

20 A It was related to the transition of some 11:26:42  
21 employees from full-time to part-time.

22 Q Was that the PIRs?

23 A It was not directly related to PIRs. It  
24 could have been phlebotomists as well as PIRs  
25 because those are the staff members inside the PSC. 11:27:00

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1 Q So there was a reduction of both PIRs and 11:27:02  
2 PSTs as a result of the implementation of Project  
3 Horizon?

4 MR. STEINER: Objection. Misstates his  
5 testimony. 11:27:12

6 THE WITNESS: The placement of the tablets  
7 gave us efficiencies within the check-in process  
8 that allowed us to move people from full-time to  
9 part-time.

10 BY MR. MILLER: 11:27:28

11 Q And, in 2019, there was a realized cost  
12 savings for the company of \$14 million as a result?

13 A The documentation that I reviewed, yes,  
14 that's what it showed.

15 Q Now, returning here to Exhibit 7, in the 11:27:37  
16 next paragraph it indicates that "The project  
17 introduces preregistration and on-site walk-in  
18 registration capabilities at all PSC locations to  
19 improve patient experience, reduce labor in the  
20 largest PSCs, and improve capacity in all patient 11:27:56  
21 service centers."

22 Is that also your understanding of what  
23 the project was being implemented for?

24 A Yes, sir.

25 Q And when it says "improved capacity in all 11:28:13

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1 patient centers," is it your understanding that 11:28:15  
2 LabCorp can now see more patients as a result of the  
3 implementation of Project Horizon?

4 A It gives us the ability to capture the  
5 patient information up front without us having to 11:28:28  
6 manually type everything in. So it increased our  
7 efficiencies and abilities to see more patients in  
8 some of our largest facilities. Absolutely.

9 Q And have you seen an uptick in the amount  
10 of patients that LabCorp is able to service as a 11:28:44  
11 result of implementing Project Horizon?

12 A I don't have direct correlation of what  
13 patient volume was prior to Horizon versus after to  
14 be able to answer that question.

15 Q Who would be the person within LabCorp 11:29:01  
16 that you believe would have that information?

17 MR. STEINER: Objection. Speculation.

18 THE WITNESS: Yeah. I don't know who  
19 would have that because I'm not sure that there's  
20 been any of those type of studies done. 11:29:11

21 BY MR. MILLER:

22 Q It goes on to say here in Exhibit 7 with  
23 respect to Project Horizon that "It also delivers  
24 improved appointment scheduling to drive increased  
25 utilization of appointments, improved payment 11:29:25

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1 A That is correct. 11:43:27

2 Q Do you know who Bart Coan is, listed there  
3 as a core team member?

4 A I do not know Bart.

5 Q Have you ever interacted with Mr. Coan in 11:43:36  
6 any capacity?

7 A No, sir. I don't know who that individual  
8 is.

9 (Exhibit 8 marked for identification.)

10 BY MR. MILLER: 11:43:43

11 Q I'd like to show you what I'll mark as  
12 next in order, Exhibit No. 8. It's a document  
13 produced by LabCorp labeled "LabCorp Express and  
14 LabCorp Precheck." It's five pages.

15 A Right. 11:44:26

16 Q Have you ever seen this document before,  
17 Mr. Sinning?

18 A Not that I recall, no.

19 Q Were you ever made aware in your role as  
20 patient service director as to any of the changes in 11:44:37  
21 Project Horizon's scope?

22 A Well, when I took my role as it exists  
23 today, patient services director, this was done, to  
24 my knowledge. I don't recall seeing this as a  
25 phlebotomy director in the north central division. 11:44:55

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1 center, gets a diagnostic test, and a bill is 12:04:55  
2 generated. Patient returns a week later.

3 Can they go to the kiosk and pay for the  
4 service they received the week prior?

5 A If they have the invoice number that was 12:05:03  
6 on the bill sent to them, then yes.

7 Q And, looking here again at Exhibit 9,  
8 there's a photograph here of the LabCorp Express  
9 check-in.

10 Is that generally what the units look like 12:05:26  
11 throughout the patient service centers?

12 A Yes, sir.

13 Q And the device there in the lower  
14 right-hand corner, is that the scanner?

15 A No. That's the tray that the cards go in 12:05:40  
16 to be scanned.

17 Q And that would be both the driver's  
18 license and the insurance identification card?

19 A Correct.

20 Q And so, looking again at the photograph 12:06:00  
21 here on Exhibit 9, this would be typical of what the  
22 kiosks look like at each of the patient service  
23 centers; is that right?

24 A Yes. Some will have a banner, and some  
25 will not. But yes, the design is exactly what you 12:06:12

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1 appointment via the cell phone that I think you're 01:03:24  
2 referring to.

3 BY MR. MILLER:

4 Q I'm sorry. So let me take it step by  
5 step. 01:03:30

6 On the website, you can make an  
7 appointment at a LabCorp facility, correct?

8 A That is correct.

9 Q And that technology on the website is  
10 integrated with LabCorp's appointment scheduling 01:03:40  
11 system, correct?

12 A Yes. It creates an appointment.

13 Q Okay. And then, once the individual has  
14 an appointment, there can be check-in through the  
15 smartphone, correct? 01:03:55

16 A Yes. If they provided us either their  
17 email address or their telephone number for a text  
18 message to send the link to.

19 Q And that ability to check in through a  
20 smartphone is also -- that technology is also 01:04:06  
21 integrated with the kiosk technology that's  
22 available either at the Express kiosk by the patient  
23 or behind the counter?

24 A Correct.

25 Q And I just want to make sure that I'm 01:04:25

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1 BY MR. MILLER: 01:06:57

2 Q I'd like to show you what I'll mark next  
3 in order Exhibit 11. It's Bates stamped 2068  
4 through 2071.

5 And my first question is one for 01:07:26  
6 identification as to whether you've seen this  
7 document before.

8 A No, I have not.

9 Q Do you know who Mike Doherty is?

10 A He's one of our IT security people. 01:07:49

11 Q Have you ever interacted with Mr. Doherty  
12 in your current role?

13 A Yes. As we put equipment into certain  
14 places, we work with him on occasion to deal with  
15 wifi and, like I said, IT security stuff. 01:08:06

16 Q And you can see here on the -- I believe  
17 the third page of the document, 2070, it's signed by  
18 somebody named Bart?

19 A Yeah. I don't know a Bart.

20 Q You've already indicated you don't know 01:08:27  
21 who Bart Coan is, correct?

22 A That's correct.

23 Q Turning to the substance of the email just  
24 briefly to see if any of it refreshes your  
25 recollection. I'm on LabCorp 2068, the very first 01:08:38

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1 page in the penultimate paragraph, second from the 01:08:43  
2 bottom.

3 I'd like to focus your attention to the  
4 sentence where it says "Even with those patients  
5 that were compliant." 01:08:54

6 A I'm trying to find that.

7 MR. STEINER: Where is that?

8 BY MR. MILLER:

9 Q It's about three sentences into the  
10 paragraph, the second to the last paragraph. "Even 01:09:05  
11 with those patients that were compliant."

12 A I do see that.

13 Q And the document says, "Even with those  
14 patients that were compliant, this may create a  
15 negative initial impression because the use of the 01:09:17  
16 Express station is no longer seen as optional."

17 Again, the Express station was the kiosk  
18 station. Is that the way it's referred to within  
19 LabCorp?

20 A That is correct. 01:09:30

21 Q It goes on to say, "With that in mind, I  
22 think the patient's expectation then becomes that  
23 this experience should be absolutely flawless, since  
24 it is not optional."

25 Again, does that statement refresh your 01:09:44

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1 memory at all as to whether LabCorp ever indicated 01:09:46  
2 to any of its employees that the Express check-in  
3 station was not optional?

4 A No. I don't recall that ever being  
5 communicated to us. 01:09:56

6 Q Have you ever investigated any type of  
7 similar statements?

8 A We've had a couple of complaints where a  
9 PST said "You need to use the tablet," even though  
10 our training and protocols say that we're there to 01:10:09  
11 service the patient. I have seen that, and we've  
12 addressed those in the divisions as they've come up.

13 Q So, just so I'm clear, there have been  
14 occasions where PSTs have directed patients that  
15 they have to use the Express check-in tablet? 01:10:25

16 A Yes. In violation of our policy, yes.

17 Q So that -- you would agree that would be a  
18 violation of your LabCorp's internal policies if  
19 such a directive was made?

20 A Correct. 01:10:39

21 Q In the next paragraph -- if you could go  
22 to the last paragraph of this page. It goes on to  
23 say, "I'm certain there are a number of reasons why  
24 the staff are immediately redirecting the patients  
25 to the Express stations. Employees really like the 01:11:01

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1 wait time report. Employees were not adopting 01:11:07  
2 Horizon limited placement options for devices,  
3 et cetera. However, in these locations, it seems  
4 that a greeter or an ambassador would truly help  
5 with the experience if the Express check-in is not 01:11:20  
6 optional, at least during some of the busier periods  
7 of the day."

8 Again, do you know whether any greeters or  
9 ambassadors were ever hired by LabCorp following the  
10 Project Horizon rollout? 01:11:29

11 MR. STEINER: Objection. Asked and  
12 answered.

13 THE WITNESS: Yeah. I'm not aware of that  
14 being done specifically for that reason, no.

15 BY MR. MILLER: 01:11:58

16 Q Has hiring of employees at the patient  
17 service centers increased or decreased since the  
18 rollout of the Project Horizon?

19 MR. STEINER: Objection. Beyond the  
20 scope. 01:12:01

21 THE WITNESS: And, quite honestly, the  
22 pandemic, you know, made a lot of changes in hiring  
23 and everything. So it would be very difficult to  
24 draw any correlation at this time.

25 / / / /

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1 MR. STEINER: Objection to the extent 01:25:34  
2 there's no foundation.

3 THE WITNESS: What I'm aware of is that  
4 they have one that gives some additional  
5 capabilities than the one that we have. But that's 01:25:42  
6 all I know at this time.

7 BY MR. MILLER:

8 Q So I just want to be very clear. You've  
9 come to learn that Aila, A-I-L-A, has a kiosk that  
10 has additional functionality and accessibility 01:25:56  
11 features; is that right?

12 A That is correct.

13 Q And how did you come to learn that  
14 information?

15 MR. STEINER: Just to the extent -- let me 01:26:07  
16 just caution the witness. To the extent that any of  
17 this calls for you to reveal communications with  
18 counsel, I'm going to direct you not to answer the  
19 question.

20 THE WITNESS: Therefore, I cannot answer 01:26:18  
21 the question.

22 BY MR. MILLER:

23 Q Well, to your knowledge, outside of  
24 anything you learned from counsel, does the existing  
25 Aila product have all the accessibility -- or does 01:26:28

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1 it have accessibility features for individuals with 01:26:31  
2 disabilities to use the product independently?

3 MR. STEINER: Just object to the form.

4 THE WITNESS: Yeah. Reask that, please.

5 BY MR. MILLER: 01:26:50

6 Q Yeah. No problem.

7 So currently the patient service centers  
8 are equipped with kiosks that were provided at least  
9 in part by Aila. The iPad itself was provided by  
10 Aila? 01:27:00

11 A Yes.

12 Q And did the product that Aila provided  
13 have any features that would allow someone with  
14 disabilities to use the kiosk independently?

15 MR. STEINER: Objection to the form of the 01:27:13  
16 question.

17 THE WITNESS: When you say "disability,"  
18 what kind of disability?

19 BY MR. MILLER:

20 Q Let's start with a vision disability. 01:27:19

21 A No. We provide our employees to assist  
22 with those individuals.

23 Q Do you know one way or the other whether  
24 LabCorp ever considered the cost of purchasing an  
25 Olea, O-L-E-A, kiosk that was ADA-compliant as 01:27:55

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1       opposed to the cost of considering the Aila, 01:28:03

2       A-I-L-A, kiosk and decided that it was an undue  
3       hardship to purchase one that was ADA-compliant?

4               MR. STEINER: Objection to the form of the  
5       question. No foundation. Legal conclusion. 01:28:14

6               THE WITNESS: I'm not aware of which ones  
7       were considered and why anything was chosen based on  
8       those guidelines.

9               (Exhibit 15 marked for identification.)

10       BY MR. MILLER: 01:28:25

11           Q     I'm going to show you what I'll mark as  
12       Exhibit No. 15. Let me know, once you've had a  
13       chance to review it. It's, for the record, Bates  
14       stamped 2836 through 2863. And it's, again,  
15       produced by LabCorp. 01:28:57

16           A     I have it up. It's several pages.

17           Q     Yeah. Now, focusing on the first page,  
18       just to start with.

19               And my question is, is it your  
20       understanding, Mr. Sinning, that this is the kiosk 01:29:34  
21       product that was ultimately purchased by LabCorp to  
22       put in its patient service centers?

23           A     It looks like it. I'm just not sure if  
24       it's a 12.9-incher or what those dimensions are.  
25       But it does look like our device. 01:29:53

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1 LabCorp utilizes in its patient service centers 01:37:15  
2 comes from?

3 A I don't specifically know that answer, no.  
4 (Exhibit 19 marked for identification.)

5 BY MR. MILLER: 01:37:25

6 Q If you'd take a look at Exhibit 19.  
7 You might want to just rotate that for  
8 your convenience so that it's in portrait mode.

9 Can you see the exemplar that I'm looking  
10 at right here? 01:38:00

11 A Yes. I do see the stand.

12 Q It's, again, Bates stamped LabCorp 4133.  
13 Is that an exemplar of what a kiosk looks  
14 like at the patient service centers?

15 A It is. 01:38:12

16 Q And, outside of the iPad -- or strike  
17 that.

18 Does the iPad actually go with the case  
19 that surrounds the iPad?

20 A Yes, sir, it does. 01:38:21

21 Q And is there any hole in that case for a  
22 headphone jack?

23 A No, sir, there is not.

24 Q Do you know why not?

25 A I know the headphone jack is used as part 01:38:31

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1 BY MR. MILLER: 02:52:24

2 Q Two patients walk into a PSC at the same  
3 time with one phlebotomist who is servicing another  
4 patient in the back. Patient A is sighted and can  
5 go check in at the Express center kiosk. Patient B 02:52:35  
6 needs to wait until the phlebotomist comes back to  
7 the window. Patient A proceeds to the check-in  
8 location and checks in. Who gets called first?

9 MR. STEINER: Objection to the  
10 hypothetical. 02:52:48

11 THE WITNESS: So, again, it all depends on  
12 who gets signed in. It could have easily been A or  
13 B depending on who went to the kiosk first.  
14 Somebody in that scenario is going to get service  
15 second. 02:53:04

16 BY MR. MILLER:

17 Q Let me make it more clear.

18 Two individuals walk into a patient  
19 service center, Patient A and patient B. Patient A  
20 is sighted. Patient B is blind. Patient A walks in 02:53:12  
21 and checks in at the kiosk, finishes the check in,  
22 and sits down to wait. Patient B still has to wait  
23 for the phlebotomist to come back in from the back.  
24 Who gets to check in first?

25 MR. STEINER: Objection to the 02:53:30

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1 hypothetical. Speculation. 02:53:31

2 THE WITNESS: We're going to assist the  
3 person who hadn't checked in in getting them checked  
4 in. And then we would take the first one that  
5 checked in in order. They both arrived at the same 02:53:39  
6 time in your scenario. Somebody is going to have to  
7 go second.

8 BY MR. MILLER:

9 Q Right. But in my scenario, it's going to  
10 be Patient B, not Patient A, right, who is going to 02:53:48  
11 have to go second?

12 MR. STEINER: Objection to form.

13 THE WITNESS: It would be.

14 BY MR. MILLER:

15 Q Patient B is going to have to wait while 02:53:55  
16 patient A gets service?

17 A The first patient that checked in would be  
18 first.

19 (Exhibit 26 marked for identification.)

20 BY MR. MILLER: 02:54:03

21 Q Just a few more screenshots and we can  
22 move on here. You can set that exhibit aside.  
23 Thank you very much.

24 I'm showing you what I'm marking next in  
25 order Exhibit 26. Let me know once you've had a 02:54:45

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1 are visual impaired during the check-in process at 03:50:12  
2 its patient service centers?

3 A There is nothing specific to visually  
4 impaired patients. It's patients in general that we  
5 are there to either help them with the kiosk process 03:50:25  
6 directly or to assist them through helping them at  
7 the window.

8 Q Do you know whether LabCorp provides any  
9 training to its PIRs or PSTs to be able to assess  
10 what the individual's disability is? 03:50:38

11 MR. STEINER: I'm sorry. To assess what  
12 their disability is? Is that the question?

13 MR. MILLER: Yes. To assess what their  
14 disability is.

15 MR. STEINER: Object to the form. 03:50:51

16 THE WITNESS: No. We don't do any  
17 training on assessing a disability.

18 BY MR. MILLER:

19 Q Do you know whether LabCorp has any  
20 policies that is provided to its PIRs or PSTs on how 03:50:59  
21 to assess what disability an individual might have?

22 A No, sir, we do not.

23 Q Do you know whether LabCorp provides any  
24 training to its PIRs or PSTs to assess what aids or  
25 auxilliary services might assist an individual who 03:51:19

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## Project Horizon

Business / SME Working Group Homework Assignment 8/23/16

## Risk Assessment Exercise

**When thinking about Project Horizon and the commitments made in the attached CEP....*****When the Horizon solutions are deployed, what would prevent us from being successful?***

Risk Scenario	Impacted Area	Mitigation Strategy
Patient arrives without insurance info on req or copy of insurance card	Patient Intake Labor	PIR/PST required to call client's office. Possibly deploy a system in which PST/PIR could input a SSN and retrieve both the plan info and eligibility info.
Patient arrives and cannot speak English/Spanish or another language that is offered on the device.	Patient Intake Labor	Offer a telephone or another translating service for patients with specific language need.
Patient arrives with seeing eye dog and is unable to check in at device.	Patient Intake Labor	PIR/PST required to service patient. Possibly offer a braille option at the device.
WIFI connectivity too slow or not enough bandwidth	Patient Experience Patient intake Labor	Ensure speed and bandwidth purchased for patient WIFI could support a high volume of patient devices at one time.
NOBD's currently pull only by patient name and date of birth. With this current system a patient could be notified of a past due balance that doesn't belong to them	Patient Experience	NOBD tied to a unique identifier for each individual patient.
Company shift towards smaller PSCS (lower # staff than ROI in CEP)		close nearby small pscs due to increased capacity at 1 person sites.
Not integrated with touch. Clumsy handoff may result in more work for PST		Ensure there is no duplication of data entry or validation of data behind the counter.
Patient does not pay for NOBD (past due) balances when presented as part of the patient self check-in process	Patient intake Labor Improved Capacity	Integrate the patient self check-in process with TOUCH so the PST can easily view the patient information that was entered (including NOBD) and allow for the interaction with the patient to be efficient

JA0072

		(in regards to collecting on the past due balance) and still realize some labor save and improved capacity within the PSC.
Patient elects to not provide credit card information as part of the patient self check-in process when the current service indicates there will be patient responsibility	Patient intake Labor Improved Capacity	Integrate the patient self check-in process with TOUCH so the PST can easily view the patient information that was entered and allow for the interaction with the patient to be efficient (in regards to the credit card authorization process) and still realize some labor save and improved capacity within the PSC.
Patient declines to pay for current service via the patient self check-in process when the patient is not insured (Cash Sale scenario)	Patient intake Labor Improved Capacity	Integrate the patient self check-in process with TOUCH so the PST can easily view the patient information that was entered and allow for the interaction with the patient to be efficient (in regards to the cash sale collection) and still realize some labor save and improved capacity within the PSC.
No cc capture up front.		Significant risk to labor save ROI if CCC is not done by patient prior to intake. Mitigate by ensuring patient is matched to COR orders prior to arrival or in waiting room, present CCC at that time, do not prompt PST to re-approach on CCC
Wireless network issue that does not allow the patient to utilize the self check-in process	Patient intake Labor Improved Capacity	Deploy card scan solutions and auto LPID/COR lookup behind front desk so PST can expedite the check-in process to ensure some labor save and improved capacity within the PSC – assumption is that if the wireless network has issues that the Touch system can still function (not sure if that is a correct assumption)
Patient self check-in process not functioning (e.g. - scanning issues)	Patient intake Labor Improved Capacity	Deploy card scan solutions and auto LPID/COR lookup behind front desk so PST can expedite the check-in process to ensure some labor save and improved capacity within the PSC
Patient is unable to complete log-in (doesn't understand, has	Patient Intake Labor	Will need to develop an alert system for sites that may not have someone at the front desk. For sites large enough to have

JA0073



smartphone issues, connectivity issues, etc...)			
Landlord will not allow public WiFi to be used in our leased space.	Patient Intake Labor		someone still at the front desk, ensure appropriate training so that they may assist. SE Division ran into this with our Walmart sites- they would not allow us to install patient WiFi as their IT team felt it interfered with their own operations. (Some physician clinics may have the same concern.) We will need to establish a protocol to ensure we do not violate lease agreements by installing WiFi.
Employees may perceive this as "big brother" watching them as they enter keystrokes into the system (automated wait times, etc...)	Union Activity		Develop strong messaging that proactively addresses this concern along with plans for labor reductions that do not include reductions in force.
Multiple COR orders available for Patient	Patient Intake		When PST selects Horizon patient, UI will be displayed with available COR orders.
No COR orders available	Patient intake		When PST selects Horizon patient PST must select Account and Physician and bill type at which point demographics are complete and OE screen can be presented
Patient presents with 2D barcode	Patient Intake		Horizon must be able to scan 2d barcode and present data to Touch. In addition any associated COR order must be marked as complete
Multi-Plan Carrier	Patient Intake		Exception flow for PST personnel enter text for multi-plan carriers
Horizon System down	Patient Intake		Revert to standard Touch flow
Patient with Standing Order	Patient Intake		Centralize Standing Orders. We will have to work out documentation ownership of s.o. request form, renewal forms, expiring reports, and confirmation reports.
Drop Offs	Patient Intake		Use current Touch flow
Insurance Carrier Mnemonic	Patient Intake		Horizon must automatically map insurance carrier to Labcorp mnemonic
Patient does not want to provide payment for NOBD based on self-service check-in data	PST interaction/Labor		Ensure the wording and options are clear and concise giving patient options to provide payment
System down for extended timeframe	PST Labor/Wait Time		Staff trained well to revert back to manual entry with patient interaction and credit card/NOBD collection
Too much data on each screen causing confusion for the patient	Patient satisfaction		Ensure each screen has limited data to help pt easily identify steps needed

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Ease of use, terminology and  
app/website failures

Need to be sure that terminology is familiar to the general public and that website is intuitive and has support and backup so that we do not have failures that cause patients to avoid the app/website for future use – include a phone contact # for patients if they experience a problem with the app – especially during the pilot and ramp up phase.

Pts with multiple orders

Provide an opportunity for patients to identify themselves as having multiple orders from different or the same physician (ie standing order and additional order). This will give our PSTs a heads up to look for multiple orders or request the order from the patient. Need ability for PSTs to “see” testing ordered on COR orders if Pt has multiple orders. Problem currently encountered is that some EMRs send multiple orders at one time for standing orders so patient could have 6 orders in the system but, they are all for a protime (for example) and PST has to open each order to confirm that it is not a separate order from the standing order.

Standing orders

Recognize standing order patients as one of our main opportunities – previous system setup was that standing orders were not included in cc auth – these patients should be included in cc auth and patient responsibility flagging  
Provide an opportunity for patients to identify themselves as having a standing order. Need ability to find a standing order that has been entered at any location. Add these orders to COR (?) when entered so that they can be accessed from anywhere.

1. Bluecard process

a. Pt responsibility  
information needs to be setup so that Blue Card policies are applied based on the patient’s home plan and not the local Blue Card. I’m hoping this is being

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addressed by the RCM team looking at the reimbursement info. BCBS – we have to bill to the local plan where the testing is performed – however, the policies (non-covered, etc) is based on the patient’s plan so, if testing is performed in NC, we would bill NC BCBS but, if the Pt has BCBS Massachussets the payment would follow the policies for BCBS Massachussets.

2. Pt’s ability to check financial responsibility prior to onsite at PSC

a. Some of our competitors are offering an option for patients to check their responsibility prior to having testing completed. Need to offer ability for patients to check their responsibility if their physician provides them with test codes and dx codes prior to their visit to the PSC.

3. Pts questions about financial responsibility

a. Need opportunity to direct patients if they have a question about financial responsibility. Build into the financial responsibility page to add the phone number to the payer for the patient to contact the payer if they have questions about their responsibility that has been provided.

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	<p>Ensure that the pt responsibility form lists the CPT codes and dx codes provided by the client so that the patient can provide that information to their payer when they call.</p>
<p>4. Pts wondering why they did or didn't get a financial responsibility sheet</p>	<p>a. Need to prepare a script for PSTs to let patients know that responsibility sheets are only provided to patients when we are able to check the financial responsibility online. Some patients do not have financial responsibility based on their insurance and we also may not capture 100% of financial responsibility if we don't have connectivity (system down) or if the payer is not connected - some third party administrators for example. Need to be sure that patients understand that even though they didn't receive a sheet during the visit they may have some responsibility depending on their insurance.</p>
<p>5. Unexpected issues at PSCs</p>	<p>a. Need option to "blackout" a particular PSC when the wait time has reached a certain timeframe (&gt;45 min?) and/or a manual override for PSTs if they</p>

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have a difficult pediatric or a single person PSC with a Pt that has had a medical emergency. If the manual override is exercised – need to alert PSC Supv and Mgr that a manual override has taken place so that they can check in with the site and send additional help if available.

6. Line management

- a. This has been a problem at our busiest PSCs. If someone has an appt and is using Horizon, they will expect to be in a different “queue” than a walk-in who has not pre-registered. If the site is small and there aren’t two individuals we need an option (either on the app) or through a standalone tablet for the horizon patients to check in without waiting in line or at least waiting in a different line
- b. App check-in capability. Send the Pt a reminder to check-in 15 minutes prior to their appointment (?) – however, we need a time limit on how far in advance they can check in before they are at the PSC. Kind of like when you pay for parking at a kiosk and you have 5 minutes to leave the facility. My concern is that patients will check-in and

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show up 30 minutes later. So, maybe a requirement that they are at the PSC within 15 minutes of checking in (?) the check-in reminder should also give them an option to change their appointment time. This may help to lower the # of no shows for appointments.

Screen that shows the que (?) – I see this at Walgreens and have heard they are using it at Quest. This may have already been asked as a user question to determine user acceptance – I’m not sure if this is good or bad but, if you did the mobile check-in and show up at the PSC and see your name on the queue then you wouldn’t even need to go to the front desk when you arrive. You would just wait for your name to be called.

1. Real time updates

- a. Need to be sure that when the patient enters their information – if they are using the app at the PSC it is available to the PST within a minute. We are used to watching a spinning circle (maybe we make it a helix?) and then once it comes up with a confirmation that we are complete we expect the system to be updated, This needs to be the case. It can’t take 5 minutes for the information to transfer from the app to the Touch system when a PST is ready to assist the patient this

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could be frustrating to both parties if they have to wait.

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# **“Project Horizon” PSC Patient Self Service Project Kickoff Meeting**

**August 2016**

# Agenda

<ul style="list-style-type: none"><li>• Opening Remarks</li><li>• Scope of the CEP<ul style="list-style-type: none"><li>• Horizon Project Goals</li><li>• Features with Tangible Benefits</li><li>• Features with Intangible Benefits</li></ul></li><li>• Phasing of the Project<ul style="list-style-type: none"><li>• Highest Value First</li><li>• Incremental Deliveries</li></ul></li><li>• Break</li><li>• Agile Development Process<ul style="list-style-type: none"><li>• Process Overview</li><li>• Roles and Level of Involvement</li><li>• Reporting and Oversight</li></ul></li><li>• Demonstration of the Prototype</li><li>• Action Plan</li><li>• Closing Remarks</li></ul>	Mark/Kevin/Mark Kevin
	Mark
	Mark
	Horizon Dev Team Mark/Kevin Kevin/Mark



# Opening Remarks

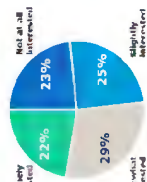
# Patient as Consumer Business Drivers

## Emerging Demand

### Findings: Overall Consumer Interest & Drivers

Nearly half of consumers are interested in DTC testing; key drivers are convenience, healthcare ownership, doctor avoidance, and cost.

#### Overall interest in concept of DTC Testing



#### Personalized Benefits of DTC Testing

##### Findings: Consumer Interest in Genomics

Consumer interest in genomics increases dramatically with basic education; consumers value clear interpretation of results via applications.

Interest in Apps to Interpret Results (% of Consumers)



## Competition



## Social/Analytics Market Trends

## Wearables and monitoring



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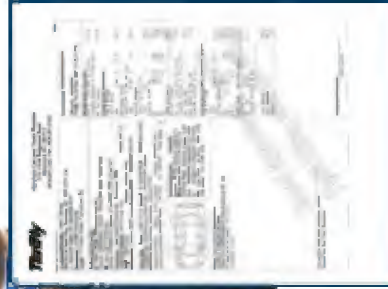
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# Consumer Self Service in a Mobile World

## Old School Car Rental



- Wait in long line
- Fill out forms and show driver's license and credit card
- Wait for agent to ask questions and finish agreement
- Wait for car and then check paperwork again at exit

## Modern Self Serve Car Rental



- Option 1 – preferred account with reservation picks up car directly from the lot and leaves
- Option 2 – self serve kiosk scans DL and CC, pick your car on screen, pick up car in the lot and leave

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# Consumer Self Service in a LabCorp PSC

An airline analogy

Check in on  
mobile



Check in at  
the kiosk



Check in at  
the counter



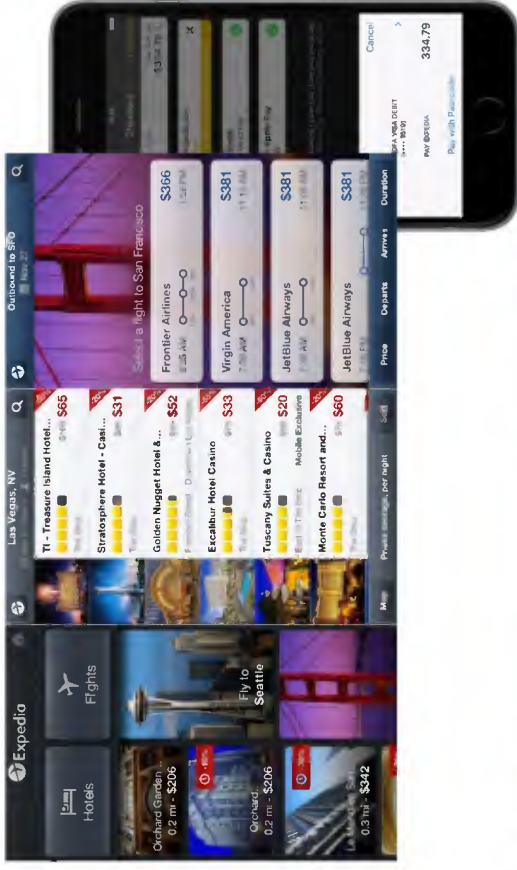
## We serve a diverse consumer market:

- Many will embrace a mobile web app or installable mobile hybrid app to have everything ready before they arrive at PSC
- Many will embrace using a kiosk at the time they arrive, but will expect a very easy, intuitive experience to expedite their visit
- Some will still need personal attention at the counter, but we still need the speed and efficiency of new technology to capture and verify all consumer info

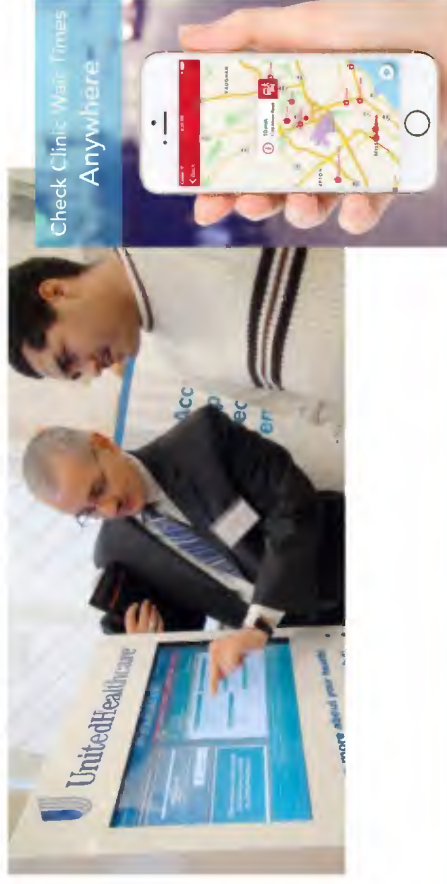


One more travel analogy

“Express” customers get smart recommendations for appointment times and locations and fast pay options (stored cards) based on established account and preferences



Casual customers can still find best appointment and location options for them at the time without registering for an account but with easy data entry



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# Scope of the CEP

# CEP Scope Summary

## Project "Horizon"

PSC Patient Self Service

### Capital Expenditure Proposal Executive Summary

#### Summary:

This project requests capital of \$22.4M with a calculated 10 year IRR of 28.9% and a payback of 3.6 years.

This project introduces pre-registration and onsite (walk in) registration capabilities at all PSC locations to improve patient experience, reduce labor in the largest PSCs and improve capacity in all patient service centers. It also delivers improved appointment scheduling to drive increased utilization of appointments, improved payment process to increase collections from patients, and improved patient engagement to increase clinical trials recruitment and email/cell phone capture.

Over 50% of the time needed by a LabCorp employee to create a patient order at a PSC is tied directly to patient data and payment information. The patient data provided includes basic patient demographics, insurance coverage, responsible party demographics and corresponding relationship(s) to the insured. Additional patient interaction is required to capture financial and payment information including balance(s) due, overdue balances (NOBD) and preferred methods of payment. The remaining time needed to complete the patient order is specific to the physician order itself and requires the capture of account ID, diagnosis codes and test orders.

The time needed and the labor required to complete the TOUCH order entry process at PSC and IOP locations can be reduced through Patient Self Service where patients are provided with multiple opportunities and multiple channels including mobile app, mobile web app, and tablet-based LabCorp supplied devices to pre-register, leverage "known patient" status or self-register upon arrival. The pre-registration and rapid check-in capabilities of the project also reduce the potential for extended patient wait-time prior to intake and improve the overall patient experience.

#### Details:

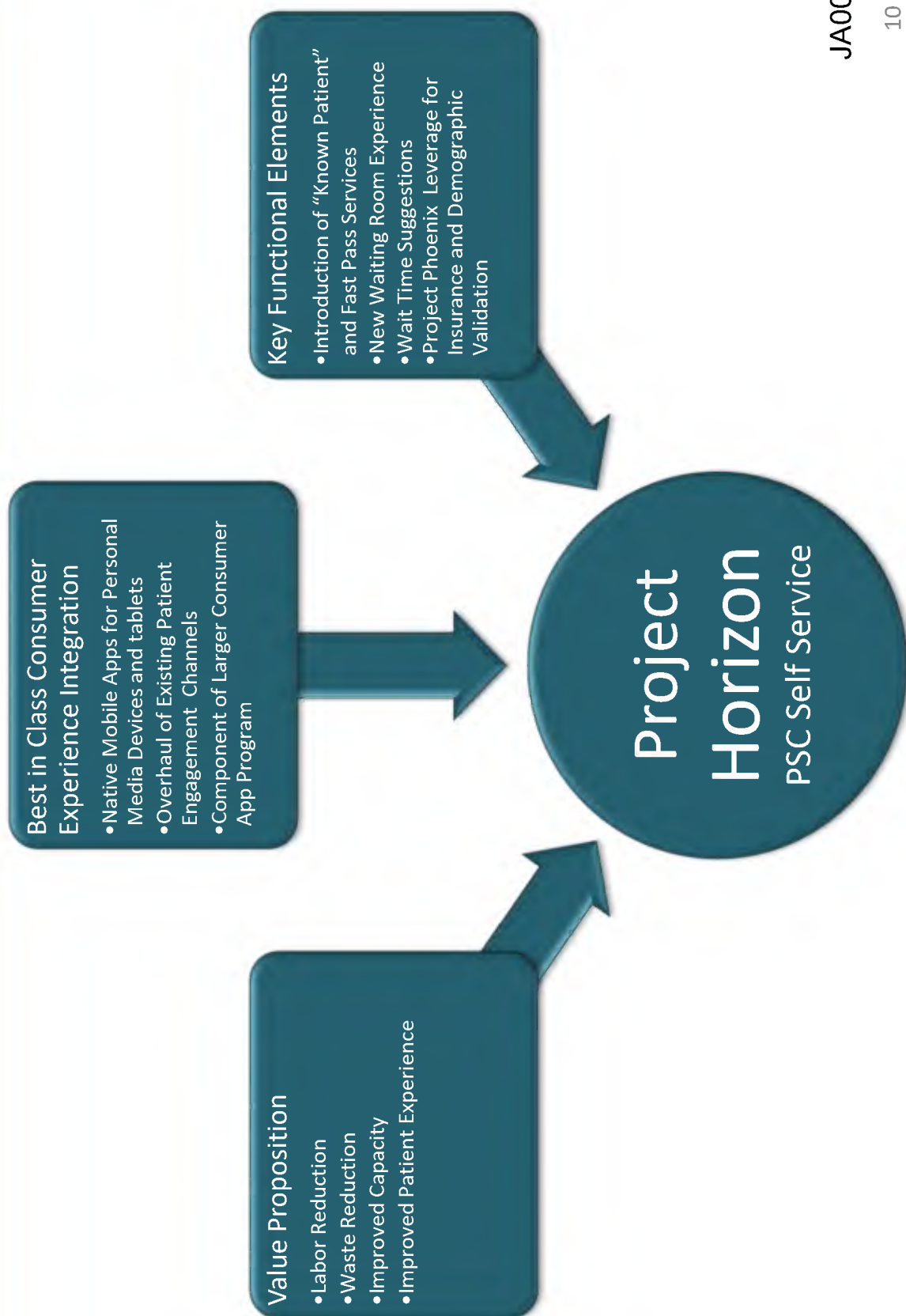
This project introduces pre-registration and onsite (walk in) registration capabilities at all PSC locations. The three primary capabilities follow:

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# Project Horizon: Overview and Key Elements



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# Consumer Mission and Project Goals

## Consumer Mission

Transform LabCorp patient interaction into consumer engagement and solution the improved capabilities into a modern technology platform

## High Level Project Goals

- Create technology that causes patients to request LabCorp
- Enhance the preference for LabCorp in the physician community
- Increase reach of patient recruitment for research
- Reduce labor in the Patient Service Centers by shifting data collection from employees to patients
- Improve cash flow from patients through improved billing and payment capabilities

## Features with Tangible Benefits

- Patient Pre-registration through 3 channels:
  - Responsive website for mobile, tablet, computer
  - Installable mobile apps for iOS and Android
  - Tablet based “Express Check In” in the waiting room
- Pre-registration will include capture of patient demographics, insurance, and appropriate validation and eligibility checks
- Streamlined check-in options
- Pre-registration delivers labor savings
- Pre-registration delivers paper and toner savings

## Additional Features with Intangible Benefits

- Patient Payment Options through 3 channels:
  - Responsive website for mobile, tablet, computer
  - Installable mobile apps for iOS and Android
  - Tablet based “Express Check In” in the waiting room
- Patient Payment Options will include capture of credit card for future charges and may include payment of existing invoices
- Patient Payment Options delivers improved collections

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## Additional Features with Intangible Benefits

- Improved Appointment Scheduling to show closest PSC locations to patient's current geo-location and estimated wait times for each location
- Improved inventory of available appointment slots optimized for patient convenience and PSC workflow
- Improved Appointment Scheduling delivers improved patient and physician preference for LabCorp

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# Additional Features with Intangible Benefits

- Improved recruitment of patients for participation in research
- Improved creation of patient LabCorp accounts and patient engagement through capture of cell phone, email and password
- Improved patient satisfaction through free Wi-Fi in all PSC locations
- Improved patient satisfaction through easy electronic feedback on service during the visit

## CEP Scope Summary

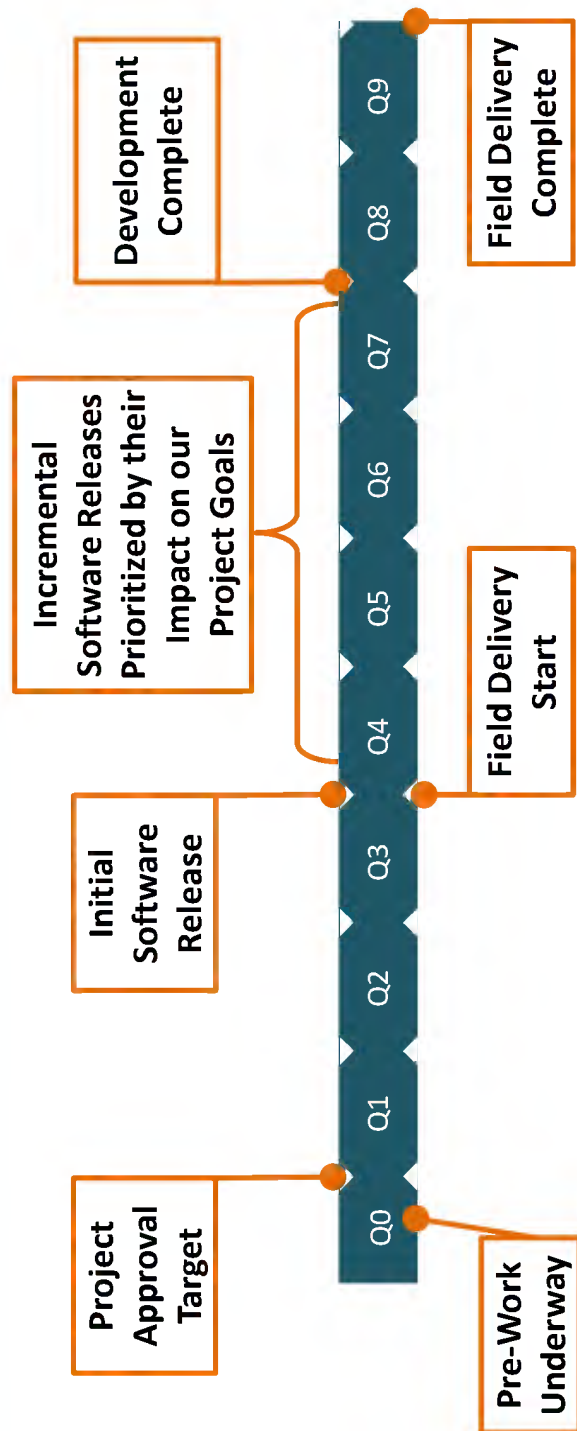
1. Multi-channel patient pre-registration
2. PSC patient queue management and Touch integration
3. Multi-channel payment options
4. Improved appointment scheduling and lab locator
5. Patient recruitment
6. Patient engagement through cell phone and email
7. Patient enrollment in portal
8. Free wi-fi in waiting rooms
9. Electronic feedback (NPS)



# Project Phases

# Timeline

## Patient Self Service for PSCs



- Benefits layer in multiple releases beginning 9 months after project launch
- Deployment to highest value locations first

## Phase I

### **Deliver the highest tangible value first**

- Likely highest values to be addressed first will include:
- Patient identity capture and validation
  - Patient insurance lookup or capture and verification
  - Easy check in capabilities (I'm here)
  - Patient queue management (place in line, call back, waiting time capture)
  - Patient recruitment
  - Free wi-fi

## Phase II

### **Deliver the next highest tangible value second**

Likely next highest values to be addressed will include:

- Patient estimate presentment and authorizations
- Patient payment method capture
- Patient invoice payment
- Patient enrollment in portal
- Pre-registration in portal?

## Phase III and beyond

### **Deliver the next highest value following whether tangible or intangible**

Likely next highest values to be addressed will include:

- Appointment scheduling with geo-location and wait times (maybe suggestions)
- Patient feedback (NPS scoring?)
- Registration and check-in improvements
- Payment improvements
- Portal integration



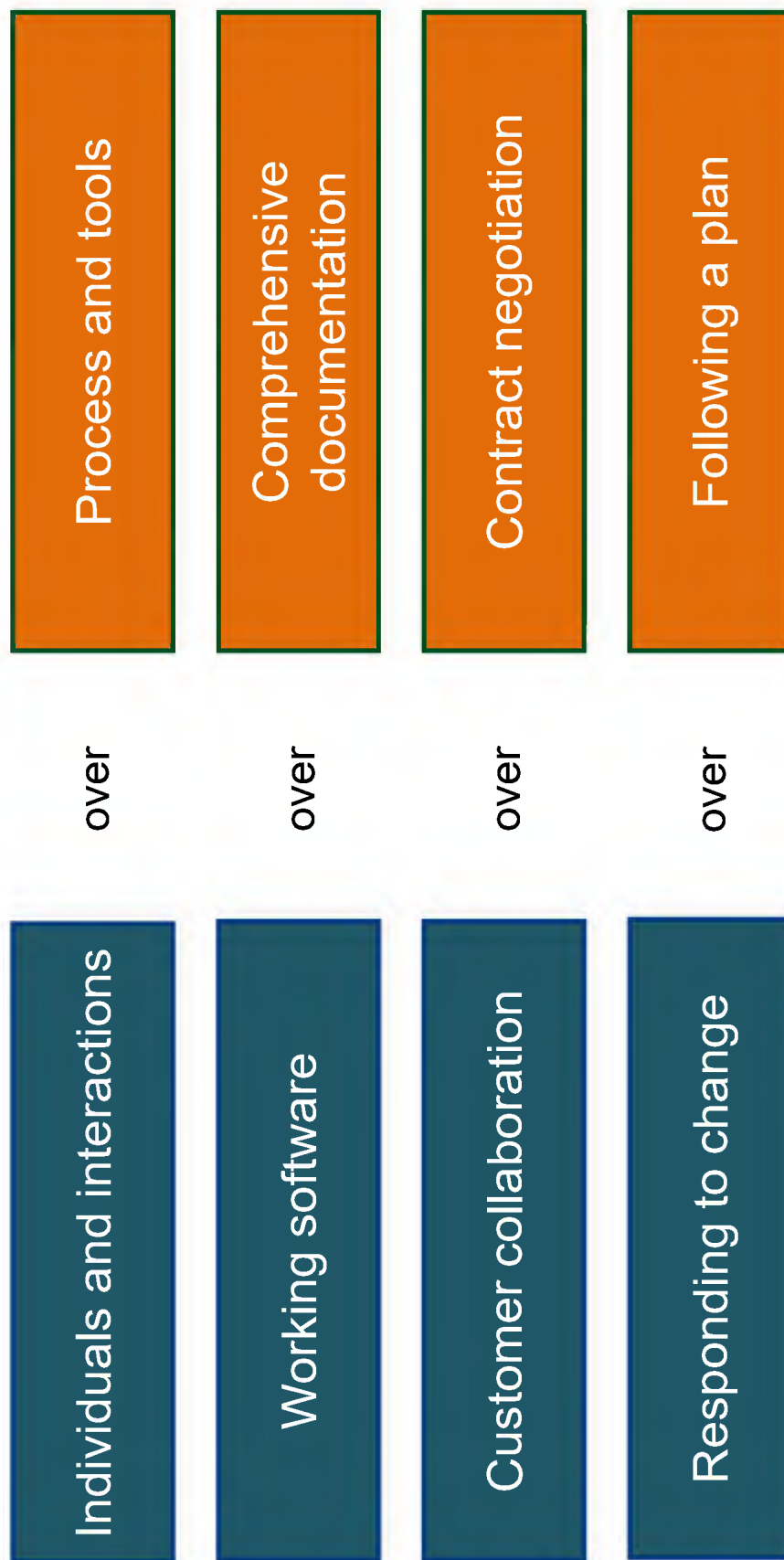
# Agile Development Process



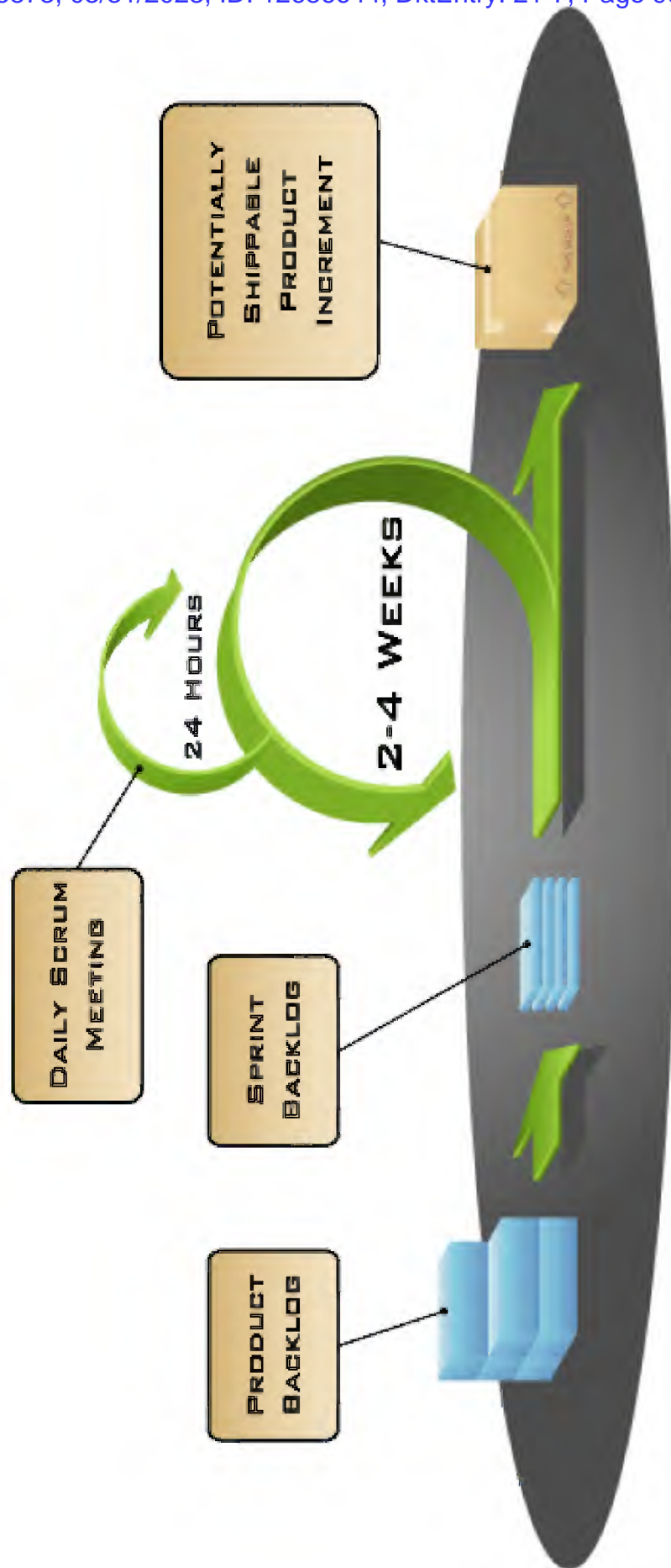
## Scrum in 100 words

- Scrum is an agile process that allows us to focus on delivering the highest business value in the shortest time.
- It allows us to rapidly and repeatedly inspect actual working software (every two weeks to one month).
- The business sets the priorities. Teams self-organize to determine the best way to deliver the highest priority features.
- Every two weeks to a month anyone can see real working software and decide to release it as is or continue to enhance it for another sprint.

# The Agile Manifesto



# Scrum in a Nutshell



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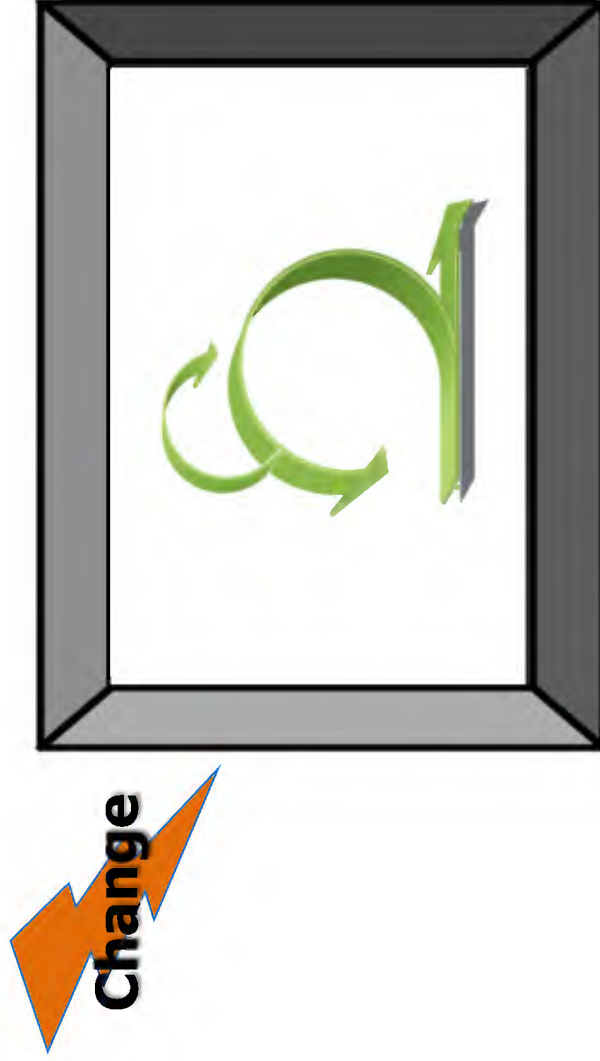


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## Sprints

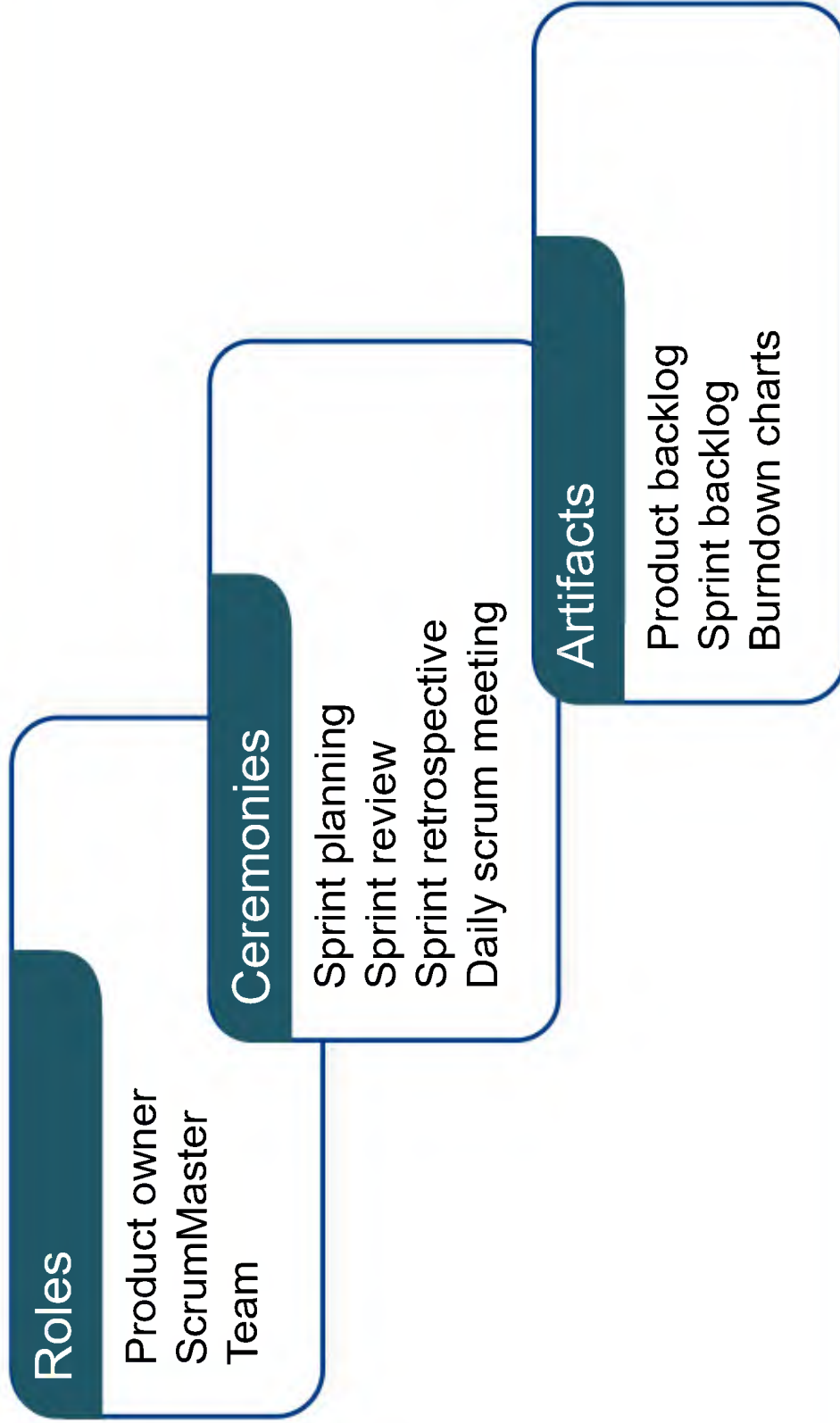
- Scrum projects make progress in a series of “sprints”
  - Analogous to Extreme Programming iterations
- Typical duration is 2–4 weeks or a calendar month at most
- A constant duration leads to a better rhythm
- Product is designed, coded, and tested during the sprint

## No Changes During a Sprint



- Plan sprint durations around how long you can commit to keeping change out of the sprint

# Scrum Framework



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# The Daily Standup

- Parameters
  - Daily
  - 15-minutes
  - Stand-up
- Not for problem solving
  - Whole world is invited
  - Only team members, ScrumMaster, product owner, can talk
- Helps avoid other unnecessary meetings



## Everyone Answers 3 Questions

1

What did you get done yesterday?

2

What will you get done today?

3

Is anything in your way?

- These are **not** status for the ScrumMaster
- They are commitments in front of peers

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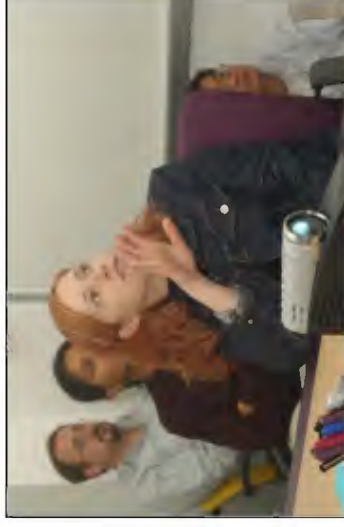


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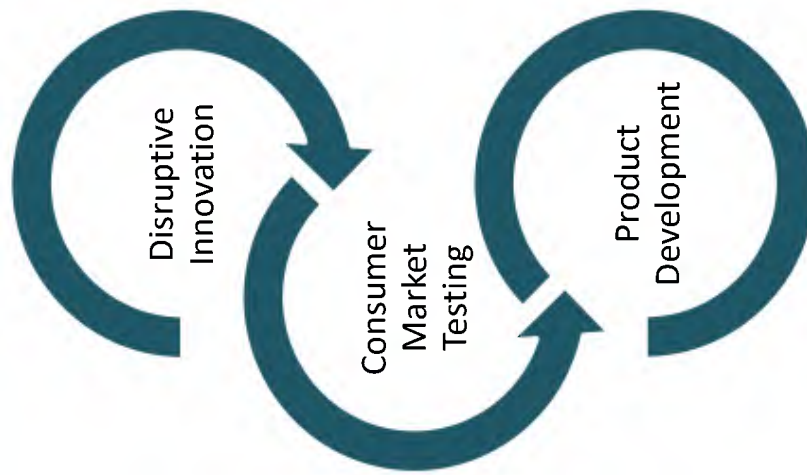


## The Sprint Review

- Team presents what it accomplished during the sprint
- Typically takes the form of a demo of new features or underlying architecture
- Informal
  - 2-hour prep time rule
  - No slides
- Whole team participates
- Invite the world



# The Innovation Cycle





# Demonstration of Prototype

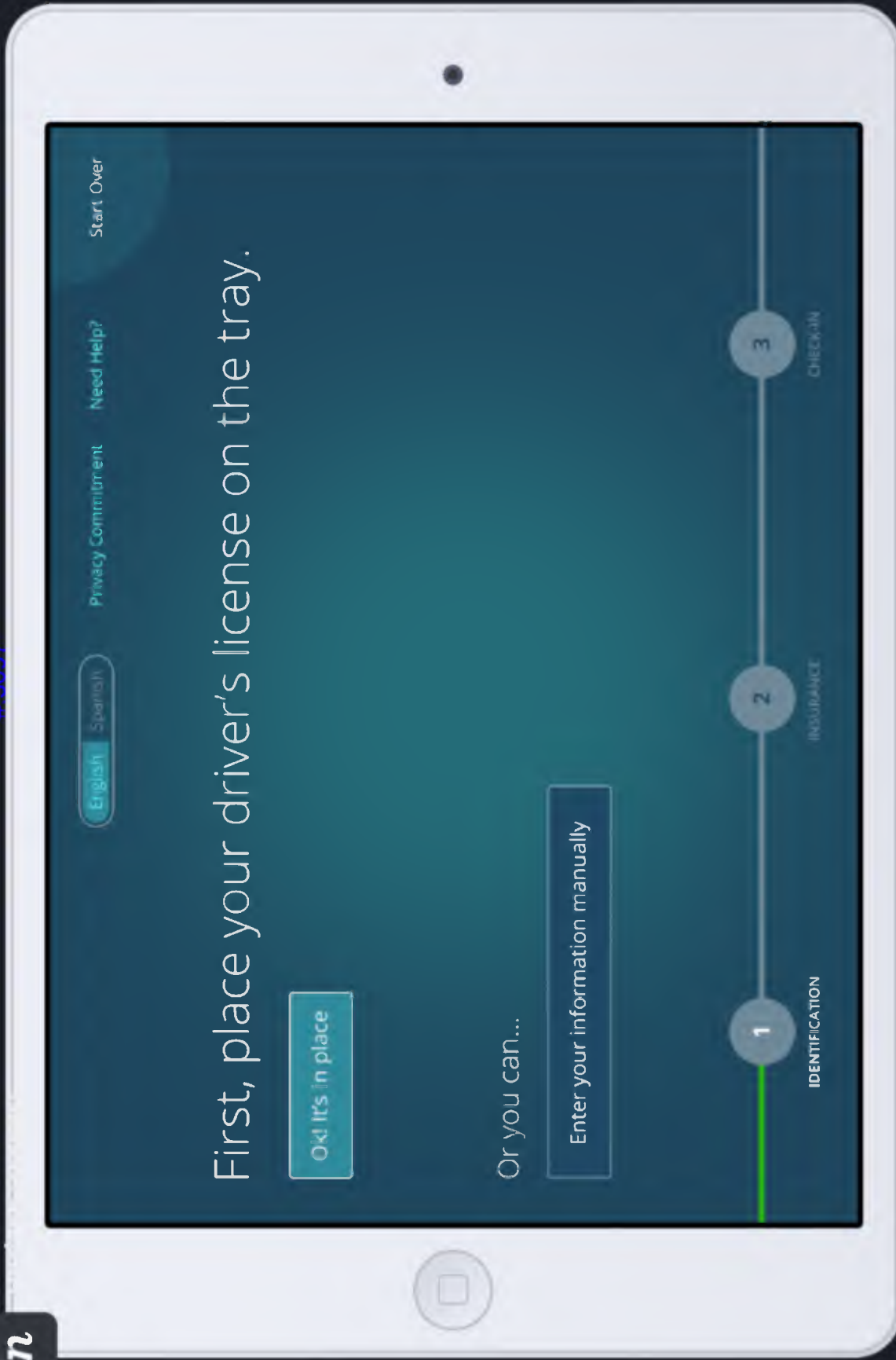
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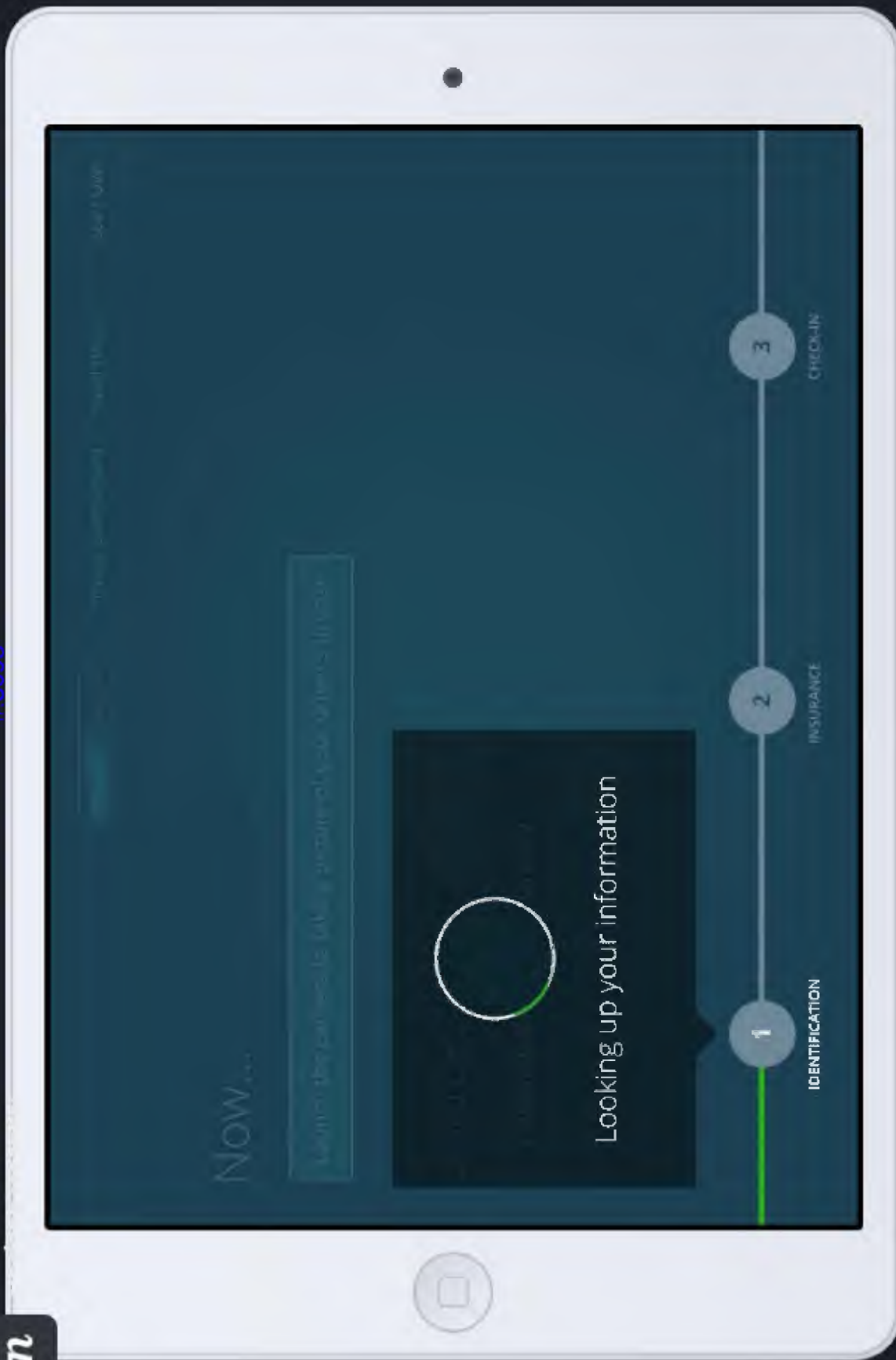
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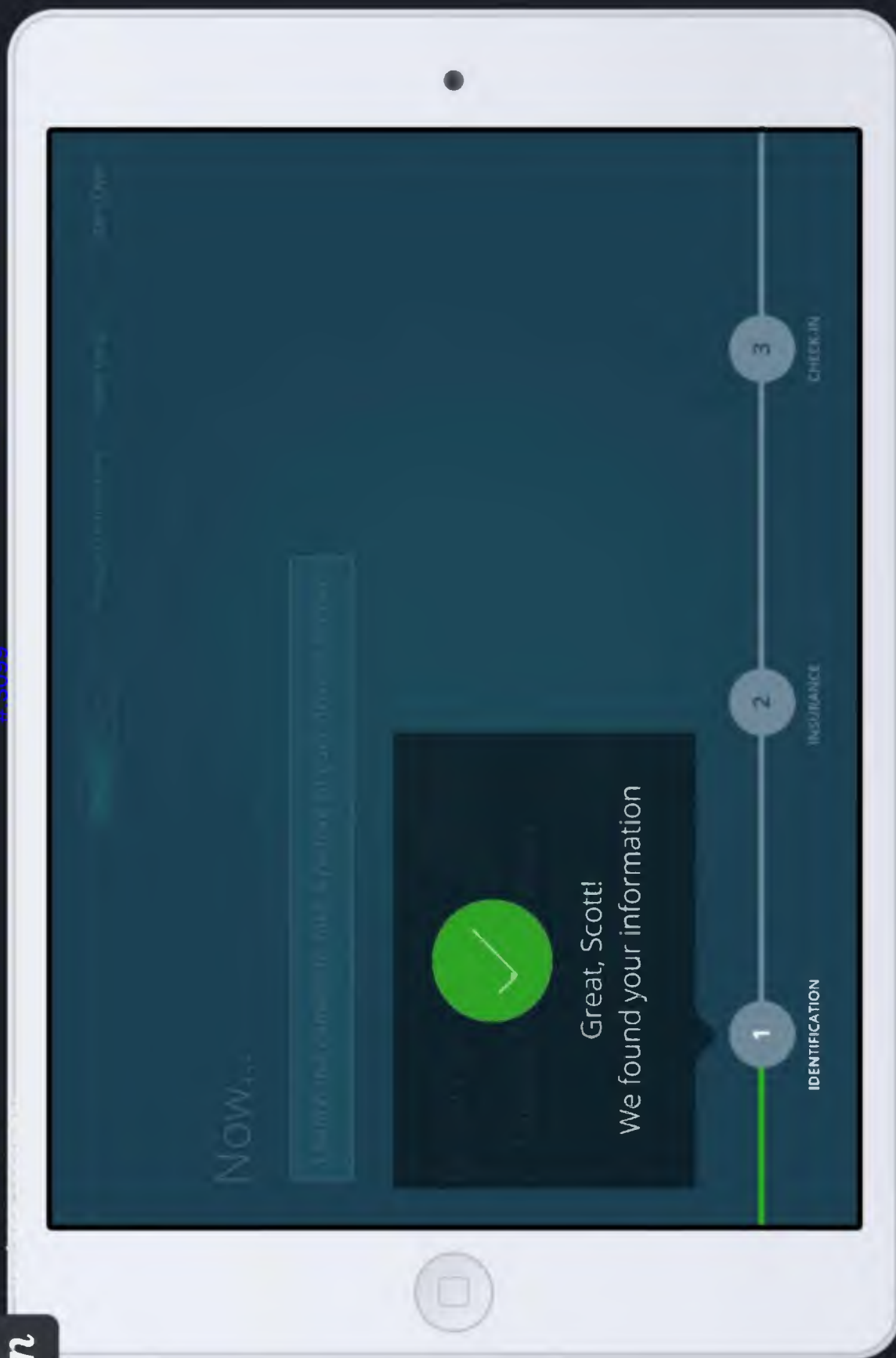
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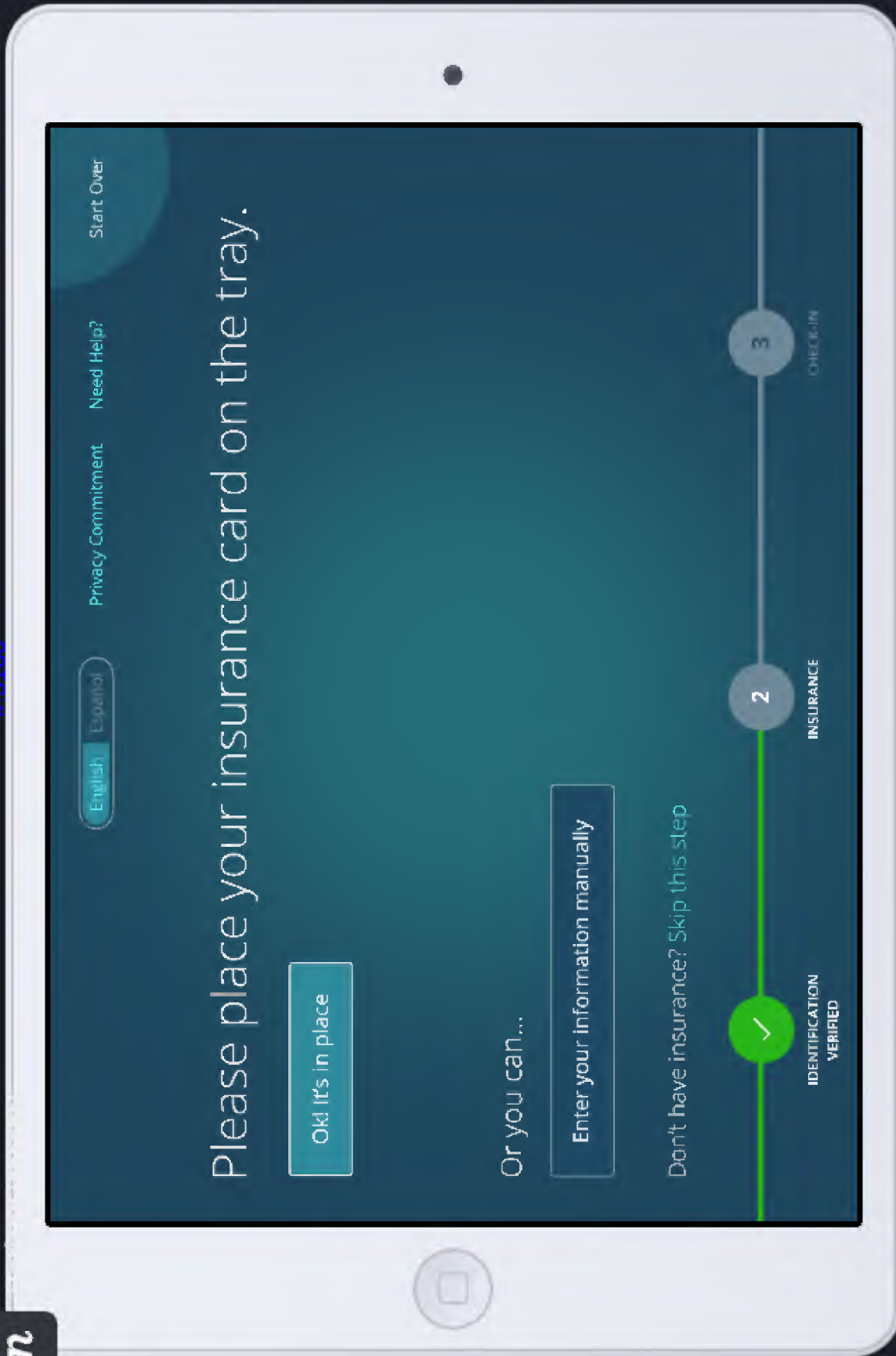
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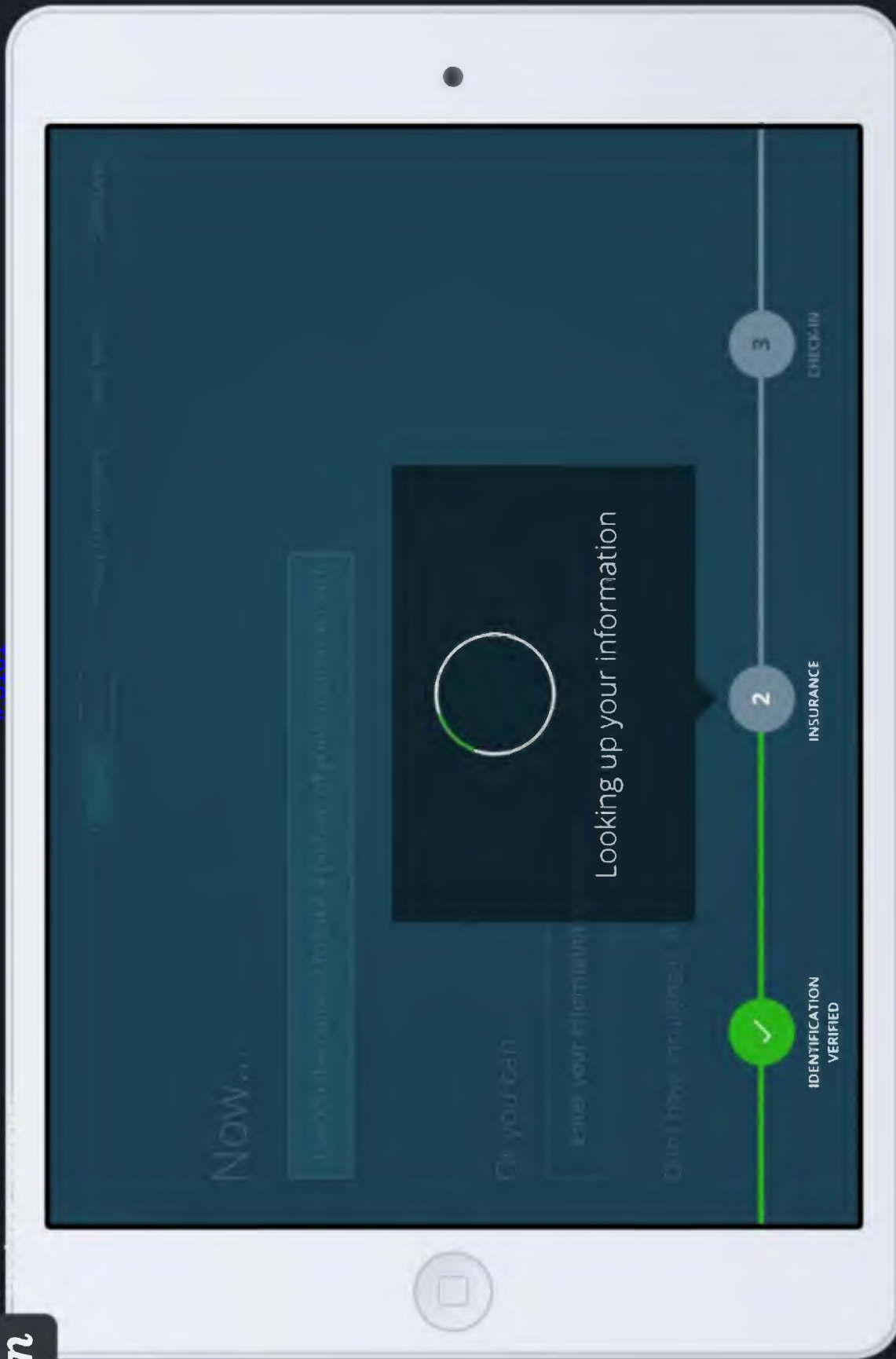


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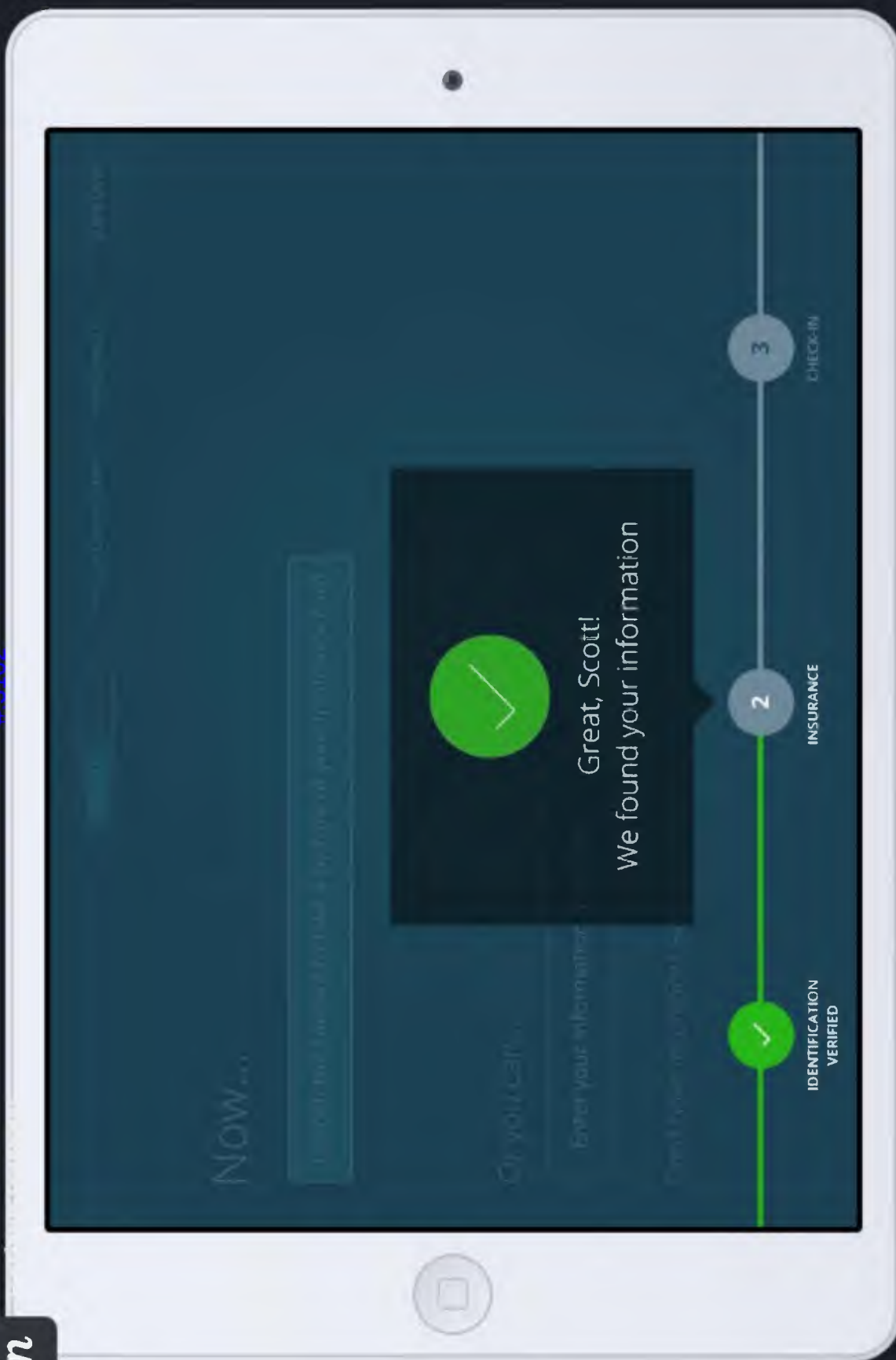
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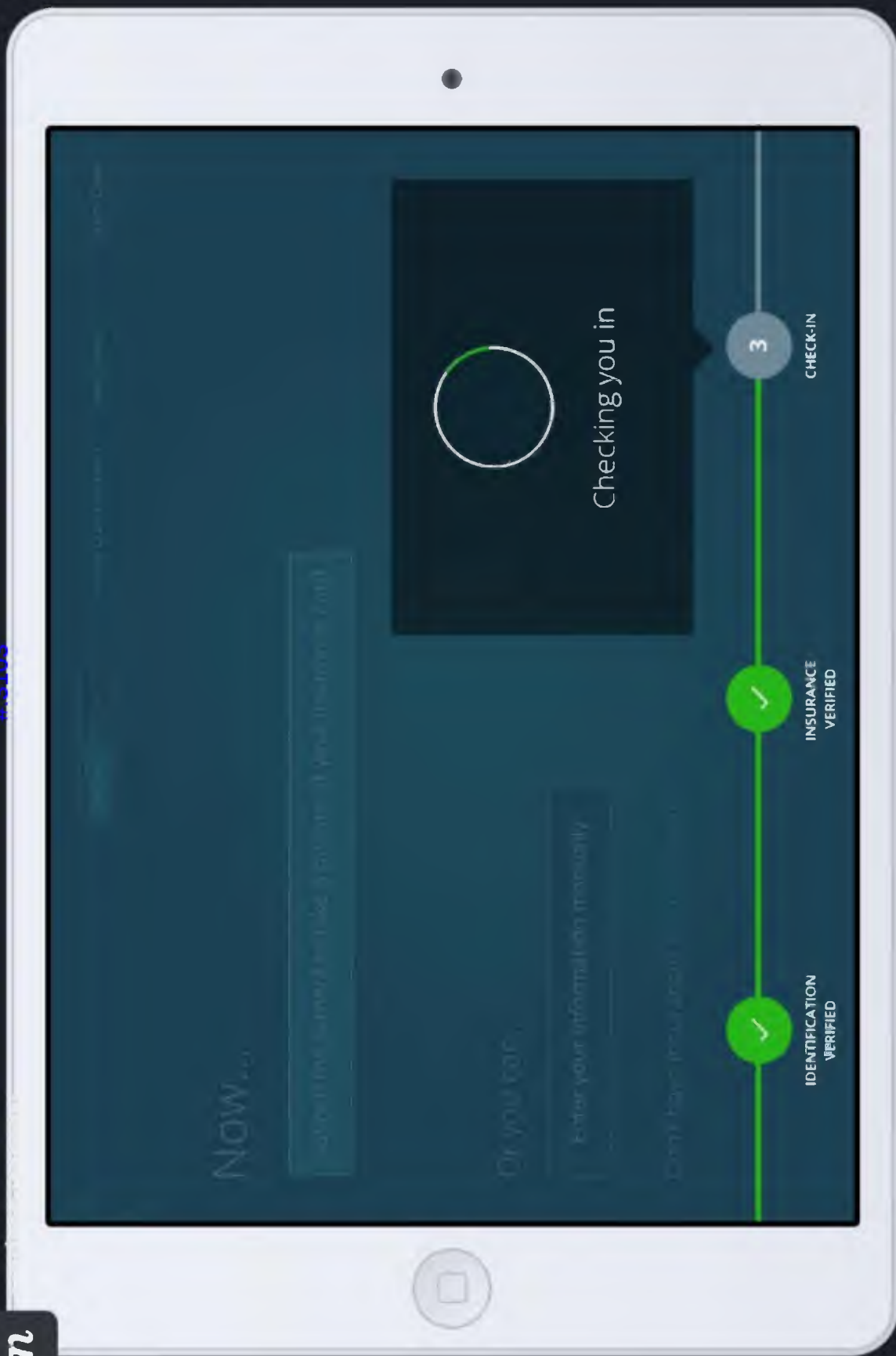
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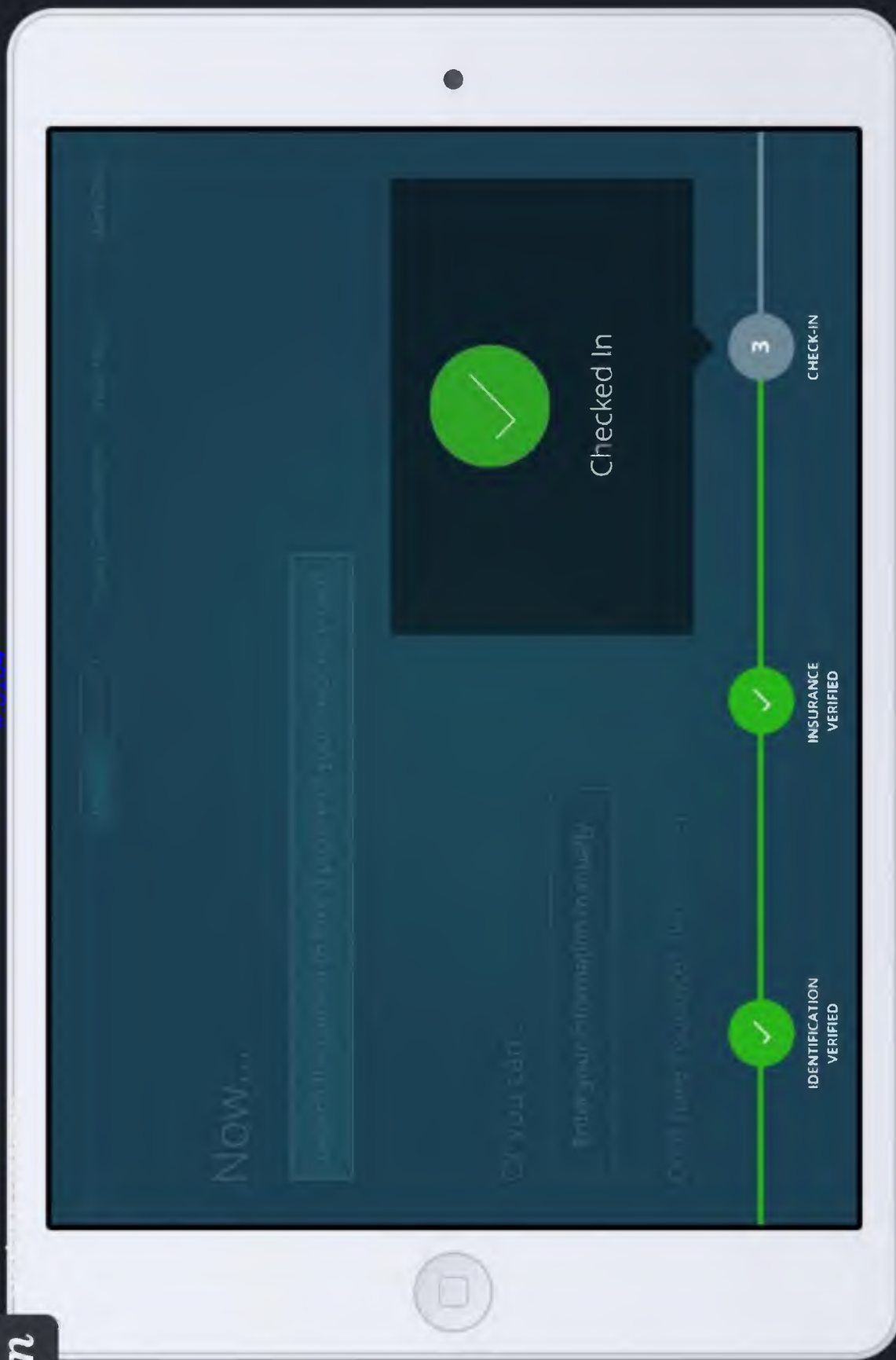
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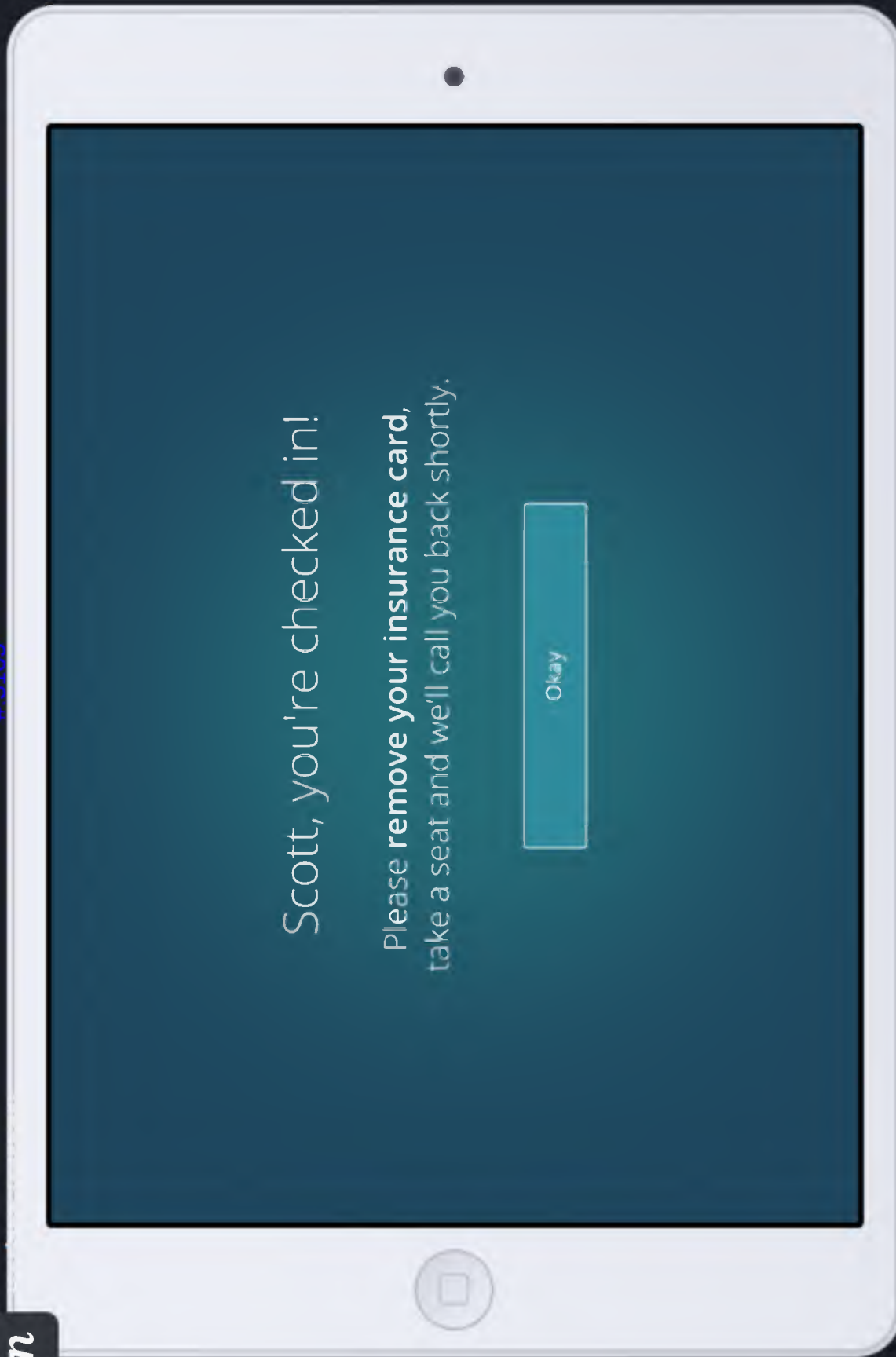
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# Action Plan

# Governance Structure – Roles and Information Flow

## Board of Directors - Quarterly Progress Updates

### Executive Oversight - Quarterly Meetings Prior to the Board Update

This committee is responsible for providing project oversight, identifying and clearing risks and roadblocks to the success of the project, and preparing for the quarterly progress updates to the Board of Directors.

### Project Steering Committee - Meets Monthly or As Needed

The Project Steering Committee provides updates to the Executive Oversight Committee and helps the project Core Team set priorities. This Committee is responsible for steering the project in a manner that ensures the achievement of the project's Mission and Goals (including decision-making about time, resources and deliverables content).

### Core Team – Meets Weekly

The Core team is also broken into two groups; one that supports Process Only and a second that supports Process / System changes. The Core Team's role is to manage the delivery of successful releases of production functionality to end users. This team will also manage communication to all impacted business and IT groups during the planning, testing and implementation phases of each release.

### Development Teams – Day-to-Day Work

There will be 3 or more individual Development teams each working on an assigned deliverable. These teams will be made up of collaborative groups of both IT and business resources, including stakeholders from the Division and Corporate Operations. Based on priorities set by the Core Team, each Development Team will develop, test and implement deliverables. The business owners will have Subject Matter Experts and Process Owners working iteratively with IT solution architects and developers to design and perfect the look, feel and functionality of each deliverable in real time.

### MC – Monthly Updates

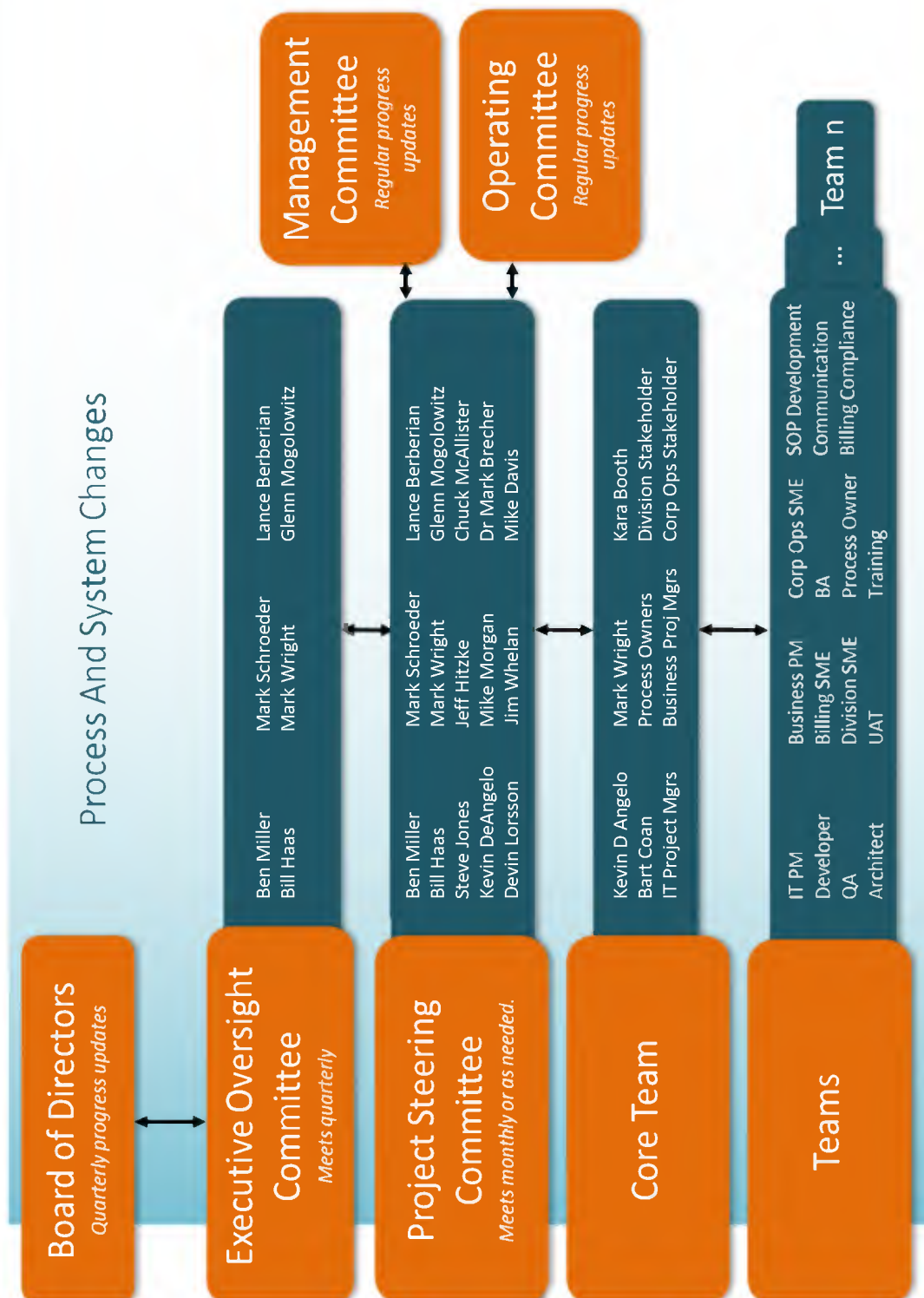
The Corporate Management Committee will receive regular progress updates from the Project Steering Committee.

### OC – Monthly Updates

The Operating Committee will receive regular progress updates from the Project Steering Committee.



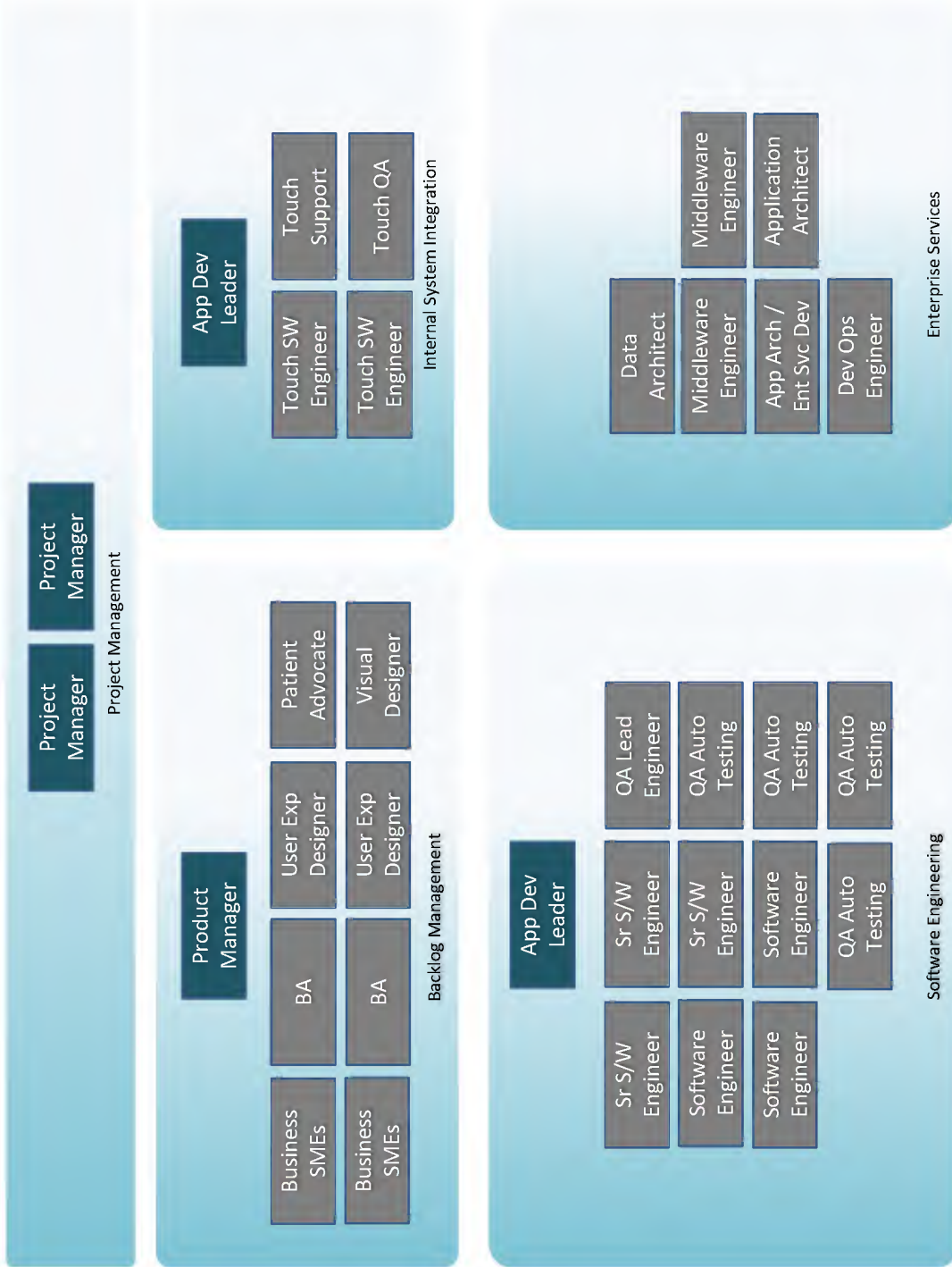
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**Governance Structure – Team Members**



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# Development Team Structure

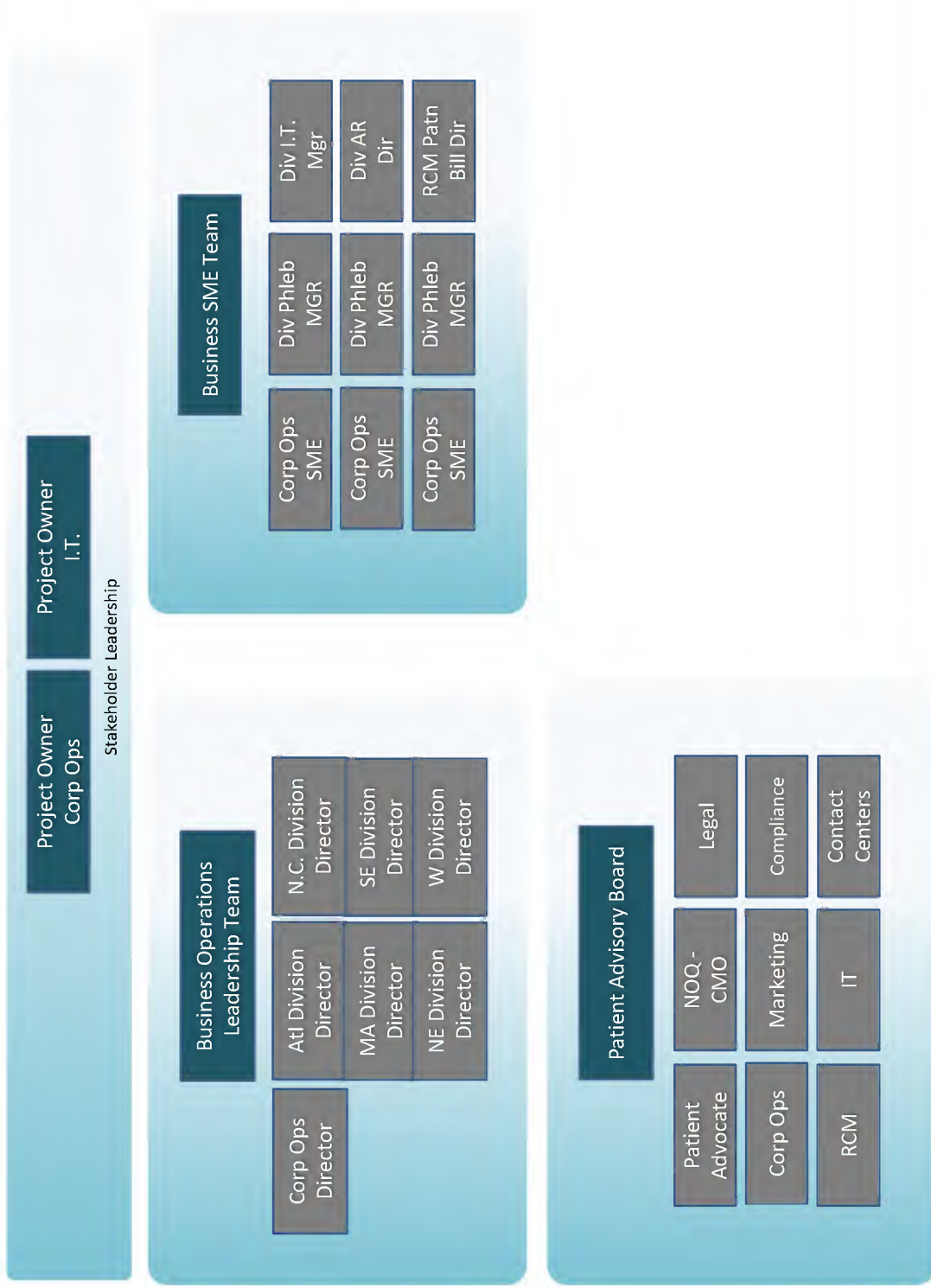


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# Stakeholder Team Structure

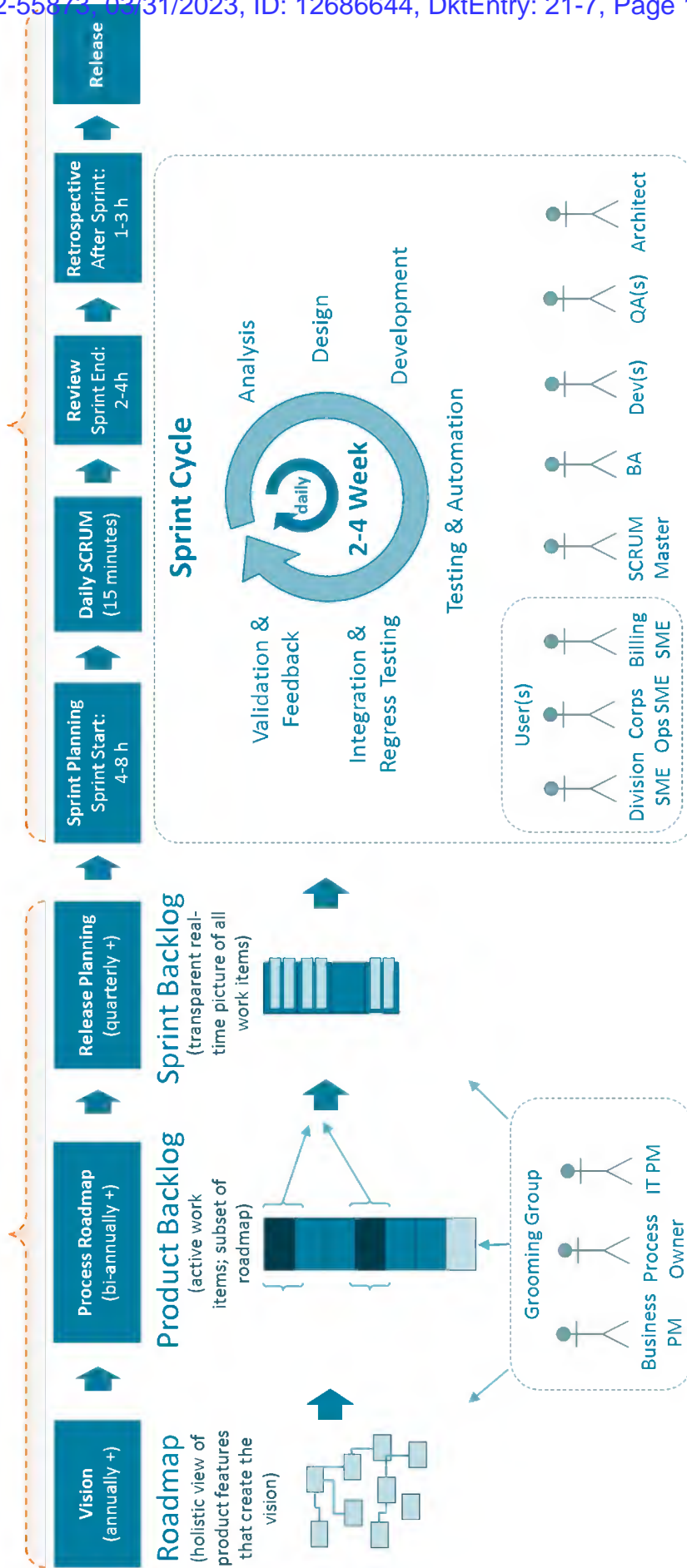


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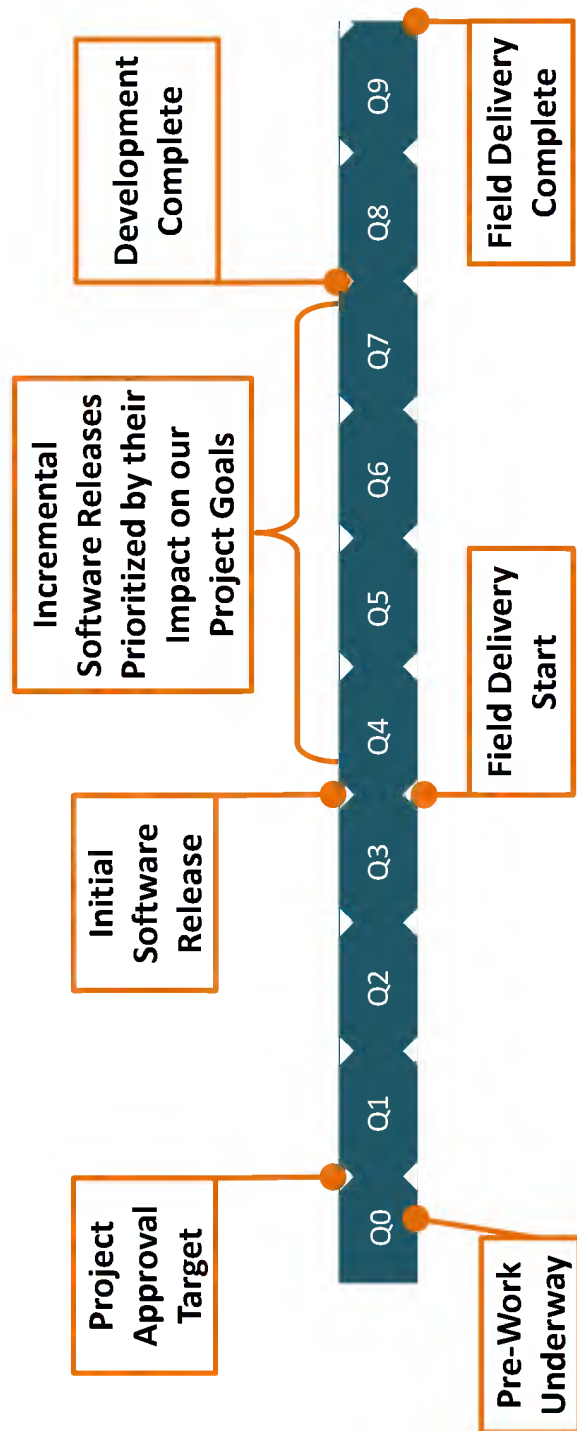
# Modern Software Development Methodology



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# Timeline

## Patient Self Service for PSCs



- Benefits layer in multiple releases beginning 9 months after project launch
- Deployment to highest value locations first

JA0130

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## Next Steps

- |  |              |
|--|--------------|
| 1. Technical Kickoff Meeting             | Aug 15th     |
| 2. Stakeholder Group Working Sessions    | As scheduled |
| 3. Development Team Sprint 0             | Aug 15th     |
| 4. Persona/Workflow Working Session      | Aug 18th     |
| 5. Development Start Readiness Milestone | Early Sept   |



## Closing Remarks

Good afternoon everyone,

As some of you may not know, I was invited by Mike Doherty to visit some of the Northeast PSCs on Monday and Tuesday of this week to hear from some of the Divisional IT and PSC staff on the Horizon rollout. We visited Somerset, East Brunswick, Freehold, and had a chance to have a tour of Raritan. I want to thank Mike and the Divisional IT and PSC staff (Joe Campo's – "NY" and "Jersey", Kurt at Raritan, Komal at Somerset, Hathel (sp?) and Pamel (sp?) at Freehold) for being generous with their time, and so very open and willing to share their feedback on the Horizon rollout.

Mike and I collected a number of observations/feedback from the trip and I wanted to share those with you. I have attempted to organize the information in a manner that hopefully is digestible, but fair warning - it is good amount of information. Here are the groupings that I created -

- Key Takeaway from my perspective
- Top 3 or 4 Items to address from each location based on Division IT or staff prioritization (I asked them at each location if they could change 3 things what would they be)
- Remaining Feedback grouped by Application Flow/Issues, Hardware, Ergonomics, Logistics
- Suggestions and general comments I heard from patients in the field

I will share pics as soon as I can get them off my phone (my iPhone is being difficult at the moment ☺). Mike, please chime in with anything that I missed.

**Key Takeaway from Bart's perspective (please note this opinion is based on visits at only these 3 sites and feedback from the members giving us the tour)**

In the sites that we visited, the vast majority of patients would proceed to the counter if the line at the counter line was less than 3 people. The patients were redirected to check-in at the Employee Express station. Most patients simply said ok, but many seemed visibly frustrated at the redirection, particularly the older patients. Even with those patients that were compliant, this may create a negative initial impression because the use of Express station is no longer seen as optional. With that in mind, I think the patient's expectation then becomes that this experience should be absolutely flawless since it is not optional. So if they encounter any difficulty with the Express station (application, ergonomics, logistics), their frustration could become amplified. I timed a number of the experiences in the East Brunswick location, and they ranged from 2 – 5 minutes. That seemed like a long time to me, but I do think people very much want to figure it out, whatever issue they may be having. As people asked for help or the PSIs came out to the front, they were usually able to get the patient through Employee Express quite quickly, although sometimes they ended up switching stations.

I'm certain there are number of reasons why the staff are immediately redirecting the patients to the Express Stations (employees really like the wait time report, employees were not adopting Horizon, limited placement options for devices, etc.). However, in these locations, it seems that a greeter or ambassador would truly help with the experience if the Express check-in is not optional, at least during some of the busier periods of the day. The staff we visited saw this as a need, but also understood we did not have budget for this. They had some interesting suggestions, e.g. hiring students since summer is coming up, older volunteers. I think this initial interaction with the patient sets the stage for remaining experiences with Horizon.

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### Top 3 Items from Each Location

#### Somerset

1. They have to reboot several of Express stations 5 or 6 times daily because they freeze, won't scan, screen goes black, etc. The newer stations they had at the end seemed to be much more stable. They stated if they only had to reboot once/day, they would love the system. Joe told me they have only returned 5 or 6 Express stations across the division, and it seemed to me they should return these stations given this behavior. I do not think I really uncovered the reason these units had not been returned.
2. Screen is too small, especially for the elderly – lots of trouble using ergonomically – several comments made as to why could the screens not be larger like kiosks in other retailers
3. System flow is not easy for pediatric patients – they have put up signs on the tablets telling them to enter patient's name manually instead of scanning the driver's license (pic will be sent)
4. Popup keyboard covers most of entry screen (pic will be sent)

#### East Brunswick

1. Ability to do remote troubleshooting – Joe Campo – should explore what he would like to resolve remotely
2. More consistent scanning of driver's license and insurance cards
3. More intuitive experience with pictures – pointed again to kiosks in local retailers

#### Freehold

1. Longer plug on Express station to give them more flexibility with placement
2. Ability to address problems themselves instead of having to wait for IT, they want more self-sufficiency (Hathel)
3. More stable stands, some ability to secure them to the wall – people tend to interact negatively with Express tablets when they become frustrated

### Remaining Feedback across locations

#### Application Flow

- Need better system stability
- Patients seem to struggle on why they are here screen – perhaps change “labwork” to “blood work”
- Spanish would be very helpful
- Would really like to display names of patients on TV after they have checked in (patient queue) – patients sometime struggle with what to do after they have checked in.
- Does not read front of license intuitively
- Patient said they had checked in before, however, the system did not recognize them
- Medicare cards are not scanning
- Not easy to override when patient does not have email or does not want to enter
- Could we have “.yahoo.com” or “.gmail.com” option when entering email
- Images of insurance cards not always showing up in the patient queue

#### Logistics

- Need dual keys to reboot, but keys are often lost

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- Privacy seems to be a big issue if someone is behind patient during entry – heard from multiple staff that this is a concern that patients are raising

#### Hardware

- Trays come off too easily
- Would swivel (that pivots down) be possible for better privacy and easier data entry
- When assembling stands – incorrect allen wrenches were included – Joe had to tighten bolts with pliers
- Removing Express tablet head requires taking the top piece off as well to get USB power cord out – this was a two person job – this could pose some challenges when we rollout the payment devices

#### Ergonomics

- No counter at station for people to put their belongings while they check in (cane, purse, water bottles, etc.)
- Many people had to hunch over station to see what they were entering

#### **Suggestions and Additional Comments**

- Could we hire students or use elderly people as volunteers to help users through the Express tablet experience
- Seems inefficient to roll out Express stations now when the current heads are going to need to be replaced with heads with payment devices
- Concerned about next software push – lots of problems last time with iOS updates
- Person commented that they did not think the devices are ready for primetime yet
- Patients that were checked in tried to help other patients that were having a difficulty with Express stations
- Staff commented that we should be careful with Employee Express because patients may become too reliant on PSTs checking them in
- Do not feel their concerns and feedback are being heard, although they believe the concept is great
- Use TV in the lobby to help with messaging and instructions on how to use Express or Pre-check
- Have users just take a picture of the Medicare cards instead of entering manually when they can't be read, which tends to be error prone and the PSTs end up rekeying anyway
- There were some pretty tough comments about the Express stations from some of the older patients after they had become frustrated in East Brunswick location. I'm not going to include in this email (you can see me if you want to hear them)

I do hope this helps in our process, but I also believe we should plan some more personal visits from IT to these locations since these are certainly our more challenging areas. I look forward to your thoughts and considerations, and ways to incorporate some of this feedback in our plans for improvement. I do ask that we not forward this information around until we all have had a chance to have some dialog on the observations. Thanks!

Bart

JA0135

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Davis-LabCorp00002071

# EXHIBIT 13

UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA

LUKE DAVIS, JULIAN VARGAS, and ) Case No.  
AMERICAN COUNCIL OF THE BLIND, ) 2:20-CV-00893-FMO-KS  
individually, and on behalf of )  
all others similarly situated, )  
Plaintiffs, )  
v. )  
LABORATORY CORPORATION OF AMERICA )  
HOLDINGS; and DOES 1 through 10, )  
Defendants. )

DEPOSITION OF JULIAN VARGAS  
TAKEN REMOTELY VIA ZOOM VIDEO CONFERENCE  
WEDNESDAY, FEBRUARY 10, 2021

REPORTED BY: JANET MURPHY, CSR 9650  
JOB NO.: 210210JM

JA0137

UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA

LUKE DAVIS, JULIAN VARGAS, and ) Case No.  
AMERICAN COUNCIL OF THE BLIND, ) 2:20-CV-00893-FMO-KS  
individually, and on behalf of )  
all others similarly situated, )  
Plaintiffs, )  
v. )  
LABORATORY CORPORATION OF AMERICA )  
HOLDINGS; and DOES 1 through 10, )  
Defendants. )

DEPOSITION OF JULIAN VARGAS, taken remotely via  
Zoom Video Conference, commencing at 11:01 a.m.  
Pacific Standard Time on Wednesday, February 10,  
2021, reported by Janet Murphy, CSR 9650, business  
address 3510 Torrance Boulevard, Suite 102,  
Torrance, California 90503.

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I N D E X

DEPONENT	EXAMINED BY:	PAGE:
JULIAN VARGAS	MR. STEINER	5, 74
	MR. SWEET	67

EXHIBITS MARKED FOR IDENTIFICATION:

(NONE)

QUESTIONS UNANSWERED BY DEPONENT:

(MARKED WITH ^ IN TRANSCRIPT)

PAGE	LINE
18	18

INFORMATION REQUESTED:

(NONE)

1 PROCEEDINGS HELD VIA ZOOM; WEDNESDAY, FEBRUARY 10, 2021

2 11:01 A.M.

3  
4 DEPOSITION OFFICER: We are going on the record.

5  
6 JULIAN VARGAS,

7 called as a deponent and sworn in by

8 the Deposition Officer, was examined

9 and testified as follows:

10  
11 DEPOSITION OFFICER: Mr. Vargas, would you please  
12 raise your right hand.

13 Do you solemnly swear or affirm the testimony  
14 you are about to give shall be the truth, the whole  
15 truth, and nothing but the truth?

16 THE DEPONENT: Yes.

17 DEPOSITION OFFICER: Thank you.

18  
19 EXAMINATION

20 BY MR. STEINER:

21 Q. Good morning, Mr. Vargas.

22 Can you state your full name and address for the  
23 record.

24 A. My name is Julian Vargas. My current address is  
25 13741 Oxnard Street, Apartment 9, Van Nuys, California

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JA0141



1 91401.

2 Q. Have you ever been deposed before, Mr. Vargas?

3 A. No.

4 Q. Let me first tell you who I am and then give you  
5 some instructions that will hopefully make the deposition  
6 go more smoothly.

7 My name is Rob Steiner. I'm a lawyer for  
8 Laboratory Corporation of America Holdings, which I will  
9 refer to in this deposition as "LabCorp."

10 You will understand that, correct?

11 A. Correct.

12 Q. I'm going to be asking you some questions today  
13 about an action which you and Mr. Davis as well as  
14 American Council of the Blind filed against LabCorp.

15 If at any point in time you don't understand any  
16 of my questions, let me know that, and I will attempt to  
17 rephrase the question in a way in which you can  
18 understand it.

19 If you answer one of my questions, I will assume  
20 you've understood it as asked.

21 If you need a break at any time, let me know  
22 that, and I will accommodate you with a break. I'll just  
23 ask that you respond to any pending questions before  
24 taking a break.

25 It's important that your answers be verbal. The

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1 court reporter can't take down a nod or a shake of the  
2 head. If you intend to say "Yes," you should say "Yes."  
3 If you intend to say "No," you should say "No."

4 Let's try not to speak over each other. I know  
5 this is a little cumbersome. It's hard when we're  
6 in-person. It's even more difficult when we're on video.  
7 Let me finish my question, which will give your counsel  
8 an opportunity to object if he sees fit, and then you can  
9 answer it. And I will try to let you finish your answer  
10 before I ask another question.

11 Do you understand these instructions?

12 A. Yes, I do.

13 Q. Did you do anything to prepare for this  
14 deposition here today?

15 A. Just conferred with my counsel and talked about  
16 these things.

17 Q. And I'm not going to ask you what you discussed  
18 with your counsel.

19 How long was your conference with your lawyer?

20 A. We had two conferences, approximately a couple  
21 of hours in length.

22 Q. So both were a couple hours in length for a  
23 total of about four hours, or two conferences for about  
24 two hours?

25 A. Each conference was about a couple hours in

1 length, give or take.

2 Q. Did you review any documents in preparation for  
3 your deposition?

4 A. Yes.

5 MR. SWEET: I will caution Mr. Vargas to limit his  
6 answer to whether he viewed any documents.

7 BY MR. STEINER:

8 Q. And did any of the documents that you reviewed,  
9 sir, refresh your memory as to any of the facts in this  
10 case?

11 A. Yes.

12 Q. And what documents that you reviewed refreshed  
13 your recollection?

14 A. The documents related to the -- to the  
15 deposition.

16 Q. What documents were those, sir?

17 A. I don't remember the names of them. A lot of  
18 them have titles with like letters and numbers and things  
19 like that; but I believe it was the document that was  
20 sent with regard to, you know, requesting a deposition  
21 and detailing the complaint.

22 Q. So did you review the allegations in the  
23 complaint, sir?

24 A. Yes, I did.

25 Q. And did those allegations in the complaint

1 refresh your memory?

2 A. Yes.

3 Q. And other than reviewing the complaint in this  
4 matter, did you review any other documents that refreshed  
5 your recollection?

6 A. I'm not sure what you mean by "other documents."

7 Q. So did you review Responses to Requests to Admit  
8 in this case?

9 A. Requests to Admit?

10 I believe I did see something along those lines.

11 Q. And did you review your answer to LabCorp's  
12 counterclaim?

13 A. Yes, I did.

14 Q. Any other documents, sir, that you reviewed that  
15 refreshed your memory?

16 A. I don't recall.

17 Q. Now, you said you met with counsel.

18 With whom did you meet?

19 A. We met, of course, by phone or virtually; with  
20 Ben Sweet and Jon Miller and Matt Handley.

21 Q. Have you discussed your deposition here today  
22 with Mr. Davis?

23 A. I don't think so.

24 Q. Have you ever spoken to Mr. Davis?

25 A. I don't recall.

1 Q. Have you ever met Mr. Davis?

2 A. Not in-person, no.

3 Q. Do you know where Mr. Davis lives?

4 A. I do not.

5 Q. Have you spoken with Mr. Davis on the telephone?

6 A. No.

7 Q. And have you had any video chats with Mr. Davis?

8 A. No.

9 Q. Have you had any e-mails with Mr. Davis?

10 A. Just to clarify, you're referring to Luke Davis?

11 Q. That's correct.

12 A. No.

13 Q. Have you communicated with Luke Davis in any  
14 manner whatsoever?

15 A. No.

16 Q. What is your understanding of Mr. Davis's role  
17 in this litigation?

18 A. My understanding is that he had a similar  
19 experience to what I've experienced at LabCorp, the only  
20 exception being that, from what I understand of his  
21 condition, he needs to go there more frequently than I  
22 do.

23 Q. But just to be clear, you and Mr. Davis have not  
24 at any point in time discussed the claims in this case,  
25 correct?

1 MR. SWEET: Objection; asked and answered.

2 BY MR. STEINER:

3 Q. You can answer, Mr. Vargas.

4 A. That's correct.

5 Q. Have you and Mr. Davis done anything to  
6 coordinate the supervision of counsel in this case?

7 A. No.

8 Q. What is your educational background, sir?

9 A. I attended high school and I've had some  
10 vocational school training afterward.

11 Q. When did you graduate from high school?

12 A. 1988.

13 Q. And what vocational training did you take after  
14 that?

15 A. I took computer classes.

16 Q. Did you get any degrees or certificates from  
17 those computer classes?

18 A. Yes.

19 Q. What degrees or certificates did you get?

20 A. Certifying that I had a basic knowledge and  
21 understanding of the Windows operating system.

22 Q. Any other computer certifications that you have?

23 A. No.

24 Q. Beyond high school and the computer class that  
25 you took that certified that you had a basic

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JA0147

1 understanding of the Windows application, have you taken  
2 any other courses or classes?

3 A. No.

4 Q. After you graduated from high school, did you  
5 become employed?

6 A. Not right away.

7 Q. I just want to get a sense, Mr. Vargas, of your  
8 employment history.

9 Could you just briefly describe for me where you  
10 worked and when and what your job was.

11 A. I don't recall specific dates; but I can tell  
12 you that I've done work in telephone-related fields, such  
13 as telemarketing, telephone customer service, support.

14 And then I became involved with assistive  
15 technology and it's what I currently do now. I teach and  
16 present on the subject of assistive technology.

17 Q. And when you talk about "assistive technology,"  
18 you're talking about technology that assists those who  
19 are blind or have visual impairments; is that right?

20 A. That's correct.

21 Q. Do you have a company that you work through,  
22 sir?

23 A. I currently just work through myself.

24 Q. And how long have you been providing these  
25 assistive technology services?

1 A. Probably for the last 10 to 15 years.

2 Q. And to whom do you provide those services, sir?

3 A. Primarily to end users, people who are looking  
4 to become proficient and understanding of how to use the  
5 assistive technology that's found in mobile devices,  
6 which is what I specialize in.

7 Q. And is that assistive technology that is found  
8 in the iOS operating system?

9 A. Yes.

10 Q. Are there any other operating systems in which  
11 you train people how to use as it relates to assistive  
12 technologies?

13 A. Android as well as Windows, but I do very little  
14 of that. It seems like these days, most people are  
15 interested in iOS.

16 Q. And so just to understand the work that you do,  
17 you provide training to people to familiarize them with  
18 how to use iOS to help them, I guess, explore content  
19 through applications; is that right?

20 A. Yes, basically to learn how to use the built-in  
21 accessibility on Apple devices so that they can make full  
22 use of their device.

23 Q. And is one of those capabilities in iOS  
24 Text to Speech?

25 A. Well, you might say screen reader.



1 Q. Okay. So one of the abilities that iOS  
2 has is to verbalize what is on the screen; is that  
3 correct?

4 A. That's correct.

5 Q. And are you compensated for the services that  
6 you provide?

7 A. Sometimes.

8 Q. Other than the work that you've done in  
9 assistive technology, just focusing on the last 10 to 15  
10 years, have you had any other employment?

11 A. No.

12 Q. Now, I understand, sir, that you're blind or is  
13 it visually impaired or is it the same thing?

14 A. To me, the terms are interchangeable.

15 Q. Okay.

16 A. I prefer to use the word "blind" only because it  
17 is the legal definition of my condition. It doesn't  
18 necessarily mean that I have no vision whatsoever. It  
19 just means that the law recognizes me as blind if my  
20 vision is worse than 20 over 200. Plus, I find that in  
21 general, people understand the word "blind" more readily  
22 when I describe my condition.

23 Q. Do you distinguish between "blind" and "visually  
24 impaired"?

25 A. I'm not understanding the question.

1 Q. Sure. Fair enough.

2 Well, let me ask you, sir, you said -- I think I  
3 heard you say you're not totally blind; is that correct?

4 A. That's correct.

5 MR. SWEET: That misstates his testimony, Rob.

6 MR. STEINER: Pardon me?

7 MR. SWEET: That misstates his testimony.

8 BY MR. STEINER:

9 Q. So if you could just describe for me, sir, are  
10 you able to see shapes? Are you able to see -- what is  
11 it that you're able to see, generally?

12 A. I can see light. I can see shapes. It really  
13 depends on lighting.

14 My vision condition is one that degenerates  
15 over time. And over the last 15 to 20 years, I've  
16 definitely been going through a noticeable degradation.  
17 So I find myself using more and more blindness technique  
18 and not so much relying on vision, because it's kind of a  
19 changing thing and it's really affected by lighting  
20 conditions and such.

21 Q. Sir, are you able to see features in a room;  
22 for instance, furniture, desks, things like that?

23 A. It depends on the lighting and the contrast. So  
24 sometimes, yes; but most of the time, no. I use my cane  
25 to help me identify obstacles and such.

15

JA0151

1 Q. You use a white walking cane; is that correct?

2 A. Yes.

3 Q. You're participating in this deposition from  
4 your home; is that correct?

5 A. Correct.

6 Q. And is there anyone in the room with you?

7 A. No.

8 Q. Do you live by yourself?

9 A. No.

10 Q. Who else lives in the residence?

11 A. My girlfriend.

12 Q. Other than this litigation, sir, are you a party  
13 to any other litigations?

14 A. Yes.

15 Q. What other litigations are you a party to?

16 A. Currently I'm involved in the litigation with  
17 Quest.

18 Q. Does that litigation relate to the accessibility  
19 of its kiosks?

20 A. Yes.

21 Q. Other than this litigation and the Quest  
22 litigation, are you currently involved in any other  
23 litigations?

24 A. No.

25 Q. Have you ever previously been a party to a

1 litigation, other than this litigation and the Quest  
2 litigation?

3 A. Yes.

4 Q. What litigations have you been a party to?

5 A. I've been a member of class settlements before  
6 with the litigation that was brought on by organizations  
7 such as the National Federation of the Blind.

8 Q. Were you a named plaintiff in that case?

9 A. No.

10 Q. Are there any cases, putting aside cases in  
11 which you may have received a notice to participate in a  
12 class settlement, where you have been a named plaintiff?

13 A. Yes.

14 Q. What other cases, other than the Quest case and  
15 this case?

16 A. I don't have all the info with me, but I've been  
17 involved in website accessibility litigation before.

18 Q. Against whom?

19 A. I don't remember at this moment.

20 Q. Do you remember any of the parties that you sued  
21 for website accessibility?

22 A. Not at the moment, I don't recall.

23 Q. How many such cases were you a party to?

24 A. Possibly five or so.

25 Q. Do you know where those cases were filed?

17

JA0153

1 A. Some might have been here in California. Others  
2 in Pennsylvania.

3 Q. Were you represented by the same counsel that's  
4 representing you in this case in those cases?

5 A. I believe one of the members was involved with  
6 the other law firm that represented me.

7 Q. Were those cases resolved, sir?

8 A. Yes.

9 Q. And did they resolve as a result of a  
10 settlement?

11 A. Correct.

12 Q. Are you familiar with the terms of any of those  
13 settlements?

14 A. I don't recall at the moment.

15 Q. Did you receive a monetary payment in any of  
16 those cases?

17 A. Yes.

18 Q.^ And how much have you received in total, sir?

19 A. Well, I believe that information may --  
20 I may not be able to talk about that because it's a  
21 confidential agreement. I'd have to confer with my  
22 counsel on that.

23 Q. We'll circle back to that.

24 You don't recall, sitting here today, whether  
25 the terms of those agreements were confidential?

1 A. I believe that they were.

2 MR. SWEET: Objection; misstates testimony.

3 BY MR. STEINER:

4 Q. What is your primary source of income, sir?

5 A. I receive Social Security and SSI and then  
6 whatever I earn when I can get a paid client.

7 Q. Other than the Quest case, this case, and the  
8 five or so cases involving website accessibility, have  
9 you been a named plaintiff in any other matters?

10 A. No.

11 Q. And you testified that there was a case in which  
12 you participated in a class settlement; is that correct?

13 A. That's correct.

14 Q. And do you recall what the nature of that case  
15 was?

16 A. Website accessibility for target.com.

17 Q. In any of the cases where you were a named  
18 plaintiff, did you submit any declarations or sworn  
19 statements to the court?

20 A. I directed my counsel to submit anything that  
21 was necessary for those cases.

22 Q. Do you know, sir, whether or not you submitted  
23 any sworn statements, declarations, affidavits in  
24 connection with those cases?

25 A. I believe so.

1 Q. And do you recall anything about the content of  
2 those sworn statements that you submitted to courts?

3 A. I believe it was pretty much your  
4 run-of-the-mill information that you'd find in anything  
5 like that regarding the complaint.

6 Q. Okay. Sir, I don't know what "run-of-the-mill  
7 information" is, so let me just see if you can describe  
8 for me any of the information that you recall submitting  
9 in a sworn declaration or affidavit to the court.

10 A. I don't recall offhand.

11 Q. When was the last website accessibility case  
12 that was filed on your behalf?

13 A. I don't recall.

14 Q. And do you consider this case to be a website  
15 accessibility case?

16 A. No.

17 Q. Prior to LabCorp introducing its kiosks, did you  
18 attempt to use or use any LabCorp services?

19 A. I don't recall. I know that I have annual  
20 physical exams, and oftentimes that involves going to a  
21 lab, so it's quite possible that I might have at some  
22 point in the past.

23 Q. Can you identify any LabCorp patient service  
24 centers that you visited prior to LabCorp introducing its  
25 kiosks?

1 A. The only one that I recall was this one that  
2 we're discussing today.

3 Q. And that was a visit that you made on  
4 January 10th, 2020; is that correct?

5 A. Yes.

6 Q. And to the best of your recollection, that is  
7 the one and only time you have visited a LabCorp patient  
8 service center; is that correct?

9 A. Actually, there were two visits total to the  
10 location.

11 Q. When was the second visit?

12 A. I think -- I mean, I'm not very good with the  
13 dates; but if it's okay, I could just more or less  
14 describe what the visits were.

15 Q. Sure.

16 A. I bel- -- basically after the experiences I've  
17 had previously with this type of check-in kiosk and  
18 difficulty getting assistance at these types of  
19 locations, and since this blood test in question was  
20 going to require me to come in fasting, I decided to  
21 visit LabCorp, I believe it was a day or two prior to the  
22 actual date of service, because I wanted to familiarize  
23 myself with how to find it and to familiarize myself  
24 with what the procedure was going to be when I got  
25 there.

21

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1           So when I went there, I found my way to the  
2 window and got the attention of somebody there and  
3 explained, you know, what I was there for and asked about  
4 their check-in process; you know, would it involve a  
5 kiosk, and if so, could somebody show me where the kiosk  
6 was, because I wanted to know about it ahead of time, and  
7 would it be accessible for a blind person to use  
8 independently.

9           And at that point, I was told that the kiosk was  
10 not accessible for a blind person to use independently,  
11 so I would have to require a -- an attendant, you know, a  
12 person there to help me, which they assured me would be  
13 available.

14           So when I went in for service, I went in and I  
15 had to wait in the line. And then when it got to be my  
16 turn, I went to the window and asked for assistance. And  
17 after another few minutes of waiting, someone came out  
18 and took my cards, my medical insurance cards, and  
19 basically signed me in.

20           Q. And that was the January 10th date that you  
21 handed your cards and got signed in by a LabCorp  
22 attendant?

23           A. Yes.

24           Q. And you said you visited that facility a couple  
25 days prior to January 10th; is that right?

1 A. Yes. I believe it was a day or two before.

2 Q. The LabCorp facility that you visited, was that  
3 at 15211 Vanowen Street in Van Nuys?

4 A. Yes, that's correct.

5 Q. And why did you choose to go to that particular  
6 LabCorp facility?

7 A. I went to that one because it was the closest  
8 one to me.

9 Q. How did you discover that that LabCorp facility  
10 was the closest one to you?

11 A. I believe I asked Siri to find me the nearest  
12 location and that's what it returned.

13 Q. And how did you get to that location?

14 A. The day of the appointment, I believe I took a  
15 paratransit service.

16 Q. What about the couple days prior, when you went  
17 to speak with the LabCorp representative?

18 A. On that occasion I took the bus.

19 Q. So other than those two occasions that you've  
20 described, have you on any other occasions, either before  
21 or after LabCorp introduced its kiosks, gone to a LabCorp  
22 PSC?

23 A. No.

24 Q. And by "PSC," you understand I mean a patient  
25 service center?

1 A. I do now, yes.

2 Q. On both occasions where you visited the  
3 Vanowen Street LabCorp PSC, did you go by yourself or  
4 were you with someone?

5 A. I went myself.

6 Q. And when you went on the 8th -- excuse me.  
7 When you went on the 10th of January, did you  
8 have a prescription for a service?

9 A. Yes.

10 Q. And what service were you seeking at LabCorp on  
11 January 10th?

12 A. It was a prescription from my physician for some  
13 bloodwork that needed to be done as part of my annual  
14 physical exam.

15 Q. And what was the name of your physician that  
16 made that prescription?

17 A. Dr. Paul Diehl, spelled D-i-e-h-l.

18 Q. And where is Dr. Diehl located?

19 A. He is located in the city of West Hills,  
20 California.

21 Q. And when you went to the LabCorp patient service  
22 center on Vanowen Street on the 10th, you were able to  
23 check in with the LabCorp representative?

24 A. I did, after waiting in line and then -- and  
25 then -- yeah. Then I had to wait additional, until they

24

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1 found somebody to take my information, since the kiosk  
2 was inaccessible.

3 Q. So you got to the LabCorp patient service center  
4 on the 10th and you waited in line at the counter; is  
5 that correct?

6 A. Yes.

7 Q. So there were other people waiting in line in  
8 front of you; is that correct?

9 A. I believe so.

10 Q. Do you know how many other people were waiting  
11 in the line in front of you?

12 A. I could not see to tell.

13 Q. And did you understand that those individuals  
14 waiting in line in front of you were also waiting to  
15 check in with a LabCorp representative?

16 A. I don't know what they were there for. I just  
17 know they were in line ahead of me.

18 Q. Did you overhear any of their conversations with  
19 the LabCorp representative?

20 A. No, I did not.

21 Q. Did you hear any of those individuals sharing  
22 any information about themselves with the LabCorp  
23 representative?

24 A. I did not.

25 Q. Did you understand what any of those individuals

25

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1 that you were standing in line with were there for?

2 A. No, I did not.

3 Q. Did you hear what services they were seeking  
4 from LabCorp?

5 A. No, I did not.

6 Q. Did you hear anything about their medical  
7 condition?

8 A. No.

9 Q. And then when it was your turn in line and you  
10 approached the counter, there was a LabCorp  
11 representative there; is that correct?

12 A. Yes.

13 Q. And do you know whether that was a man or a  
14 woman?

15 A. I don't recall.

16 Q. And did that individual ask for your  
17 identification and insurance card?

18 A. I basically told them that I was there to check  
19 in and that I would need assistance with the check-in  
20 process, since the kiosk was not accessible.

21 Q. And did that person then ask you for your  
22 insurance card and identification?

23 A. I believe the person instructed me to wait and  
24 that somebody would come out to assist me.

25 Q. And did someone come out to assist you?

1 A. Yes.

2 Q. And did that person that came out to assist you  
3 ask for your identification and insurance card?

4 A. Yes.

5 Q. And did that person then check you in, sir?

6 A. Yes.

7 Q. Other than providing that individual who came  
8 out to see you with your identification and insurance  
9 card, did the individual who you spoke with at LabCorp  
10 ask you for any other information?

11 A. No. I basically told them that I was concerned  
12 about giving information out loud in earshot of others.  
13 So they told me that they didn't need me to say anything,  
14 that they would get the information from the cards.

15 Q. That they would get the information from the  
16 cards?

17 A. Yes.

18 Q. So you were not required to say out loud any  
19 personal information when you visited on January 10th,  
20 correct?

21 A. Well, I made it clear that I did not want to do  
22 that, so they accommodated that.

23 Q. And when you gave the individual your insurance  
24 card and identification, did they take the cards and  
25 identification and then return them to you at some later

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1 point in time?

2 A. Yes.

3 Q. And do you know what they did with those cards  
4 and identification?

5 A. I have no idea, since I couldn't see what they  
6 were doing and they walked away.

7 Q. Understood.

8 Those cards and identification were returned to  
9 you a short time later; is that correct?

10 A. Yeah, after a few minutes.

11 Q. And when you were asked for your cards and  
12 identification, were you standing at the check-in counter  
13 or were you sitting in a seat or somewhere else?

14 A. I was still standing at the check-in counter,  
15 but off to the side.

16 Q. And between the time you first encountered  
17 an individual at the desk and the time that your  
18 identification was taken, approximately how long did you  
19 wait?

20 A. Restate the question?

21 Q. Between the time that you approached the counter  
22 for the first time and someone came and took your  
23 identification information, how long were you waiting?

24 A. So just to clarify, this is after I waited in  
25 line?

1 Q. Right.

2 You waited in line, you told me; you spoke to  
3 someone; and they told you that someone would come out to  
4 assist you, correct?

5 A. Yes.

6 Q. So how long did it take for someone to come out  
7 and assist you?

8 A. Several minutes, like maybe three to five  
9 minutes.

10 Q. And once your cards were taken from you, sir, to  
11 check you in, how long did you wait to be called into the  
12 back?

13 A. Well, I waited several minutes while the cards  
14 were taken and they did whatever they did with them.  
15 Then when they came back out, I believe I waited another  
16 few minutes before I was taken to the back.

17 Q. So just so I understand this, sir, you waited in  
18 line with other people who you believed were looking to  
19 receive services from LabCorp, correct?

20 MR. SWEET: Objection; misstates testimony.

21 THE DEPONENT: There were --

22 BY MR. STEINER:

23 Q. Is that right, sir?

24 MR. SWEET: Objection again.

25 THE DEPONENT: Well, I waited in line. I don't know



1 what those people were there for. I just know I waited  
2 in the line.

3 BY MR. STEINER:

4 Q. And then once you got to the desk, you waited  
5 another three to five minutes for someone to assist you;  
6 is that correct?

7 A. That's correct.

8 Q. And then once that person assisted you, you  
9 waited another three to five minutes to be called into  
10 the back?

11 A. Yeah. Once the cards were returned to me, it  
12 took another three to five to be called into the back.

13 Q. So in total, how long were you at the LabCorp  
14 facility on January 10th, 2020?

15 A. From beginning --

16 MR. SWEET: Hang on.

17 Are you asking about the entire time he was  
18 there?

19 MR. STEINER: Yes. Let me clarify the question.

20 Q. From the time you got to the facility to the  
21 time you were called into the back, how long were you  
22 waiting?

23 A. Probably I would say roughly 20 minutes or so.

24 Q. Do you know if anyone else there who checked in  
25 at the kiosk waited more time or less time than you?

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1 MR. SWEET: Objection.

2 THE DEPONENT: I have no idea, because I didn't talk  
3 to anybody who was at the kiosk.

4 DEPOSITION OFFICER: Counsel, could you please  
5 restate your objection? I heard you say "Objection," but  
6 if you said anything after that, I'm sorry, I missed it.

7 MR. SWEET: I did not.

8 DEPOSITION OFFICER: Thank you. I'm sorry for  
9 interrupting.

10 BY MR. STEINER:

11 Q. And when you were called into the back, you were  
12 asked to sit down; is that correct?

13 A. Yes, I was -- I got into the chair and I sat  
14 down.

15 Q. Was any additional information taken from you  
16 when you were in the back of the facility?

17 A. I don't believe so.

18 Q. At what point did you provide your prescription  
19 for services?

20 A. In the beginning, when I made contact the first  
21 time.

22 Q. And you handed that prescription to a LabCorp  
23 representative; is that correct?

24 A. Yes, the person behind the desk.

25 Q. And he or she took the information from you?

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1 A. They took the paper from me and then went to get  
2 somebody to assist.

3 Q. Did anyone at the facility ask you what the  
4 prescription was for?

5 A. No.

6 Q. Did anyone ask you if you had any medical  
7 conditions?

8 A. I don't believe so.

9 Q. When you were taken into the back, do you recall  
10 having any conversation with the LabCorp technician?

11 A. Other than just, you know, being guided and  
12 perhaps like "Good morning" or salutations types of  
13 things, I don't recall any other conversation.

14 Q. So other than pleasantries, you had no  
15 substantive conversation with anyone in the back?

16 A. No, other than pleasantries and just "Okay.  
17 Here's the chair. Have a seat," that kind of thing.

18 Q. Did you receive the results of your test?

19 A. Those were sent to my doctor.

20 Q. To the best of your knowledge, though, the test  
21 that your doctor ordered was performed; is that correct?

22 A. Yes.

23 Q. And it was performed at the Vanowen Street --  
24 excuse me.

25 It was based on the blood that was taken at the

1 Vanowen Street location on January 10, 2020, correct?

2 A. Yes.

3 Q. Now, when you went to the facility on  
4 January 8th -- I'm sorry. It's not January 8th.

5 You said you went to the facility a few days  
6 before, a couple days before January 10th, right?

7 A. Yes.

8 Q. And that was the first time you had been there?

9 A. Correct.

10 Q. And were you aware at the time you went a couple  
11 days before January 10th that LabCorp was using kiosks?

12 A. I wasn't aware specifically; but I know that  
13 they were being used in many other places, including  
14 other labs like them too. So I just assumed that was the  
15 case as well, and that was confirmed when I asked.

16 Q. But when you walked in, sir, again, just because  
17 of your blindness, you could not discern any kiosks in  
18 the facility, could you?

19 A. No, I could not. That's why I asked to be  
20 directed to it, if it was there.

21 Q. And when you went to the counter, did you have  
22 to wait in line on that first occasion that you went to  
23 the location?

24 A. I think I did, but it didn't seem to be as long  
25 of a line.

1 Q. And when you got to the counter, there was  
2 someone there to help you; is that correct?

3 A. Yes.

4 Q. And can you tell me what you said to that person  
5 and what the person said to you?

6 A. I said "Hello."

7 And they asked the usual question, you know, did  
8 I have a prescription or how could they help me.

9 So I explained to them that I would be coming in  
10 there soon to have some bloodwork done that was requested  
11 by a doctor, and that I did have a prescription for it,  
12 and that -- I asked -- I told them that I wanted to  
13 familiarize myself with things about their location since  
14 it was going to be a fasting blood test and I didn't want  
15 to have to do all that, you know, while I was also  
16 hungry.

17 So I explained that I would need assistance.  
18 And I asked if there is a check-in kiosk at this location  
19 and, if so, could somebody direct me to it so I could  
20 familiarize myself with where it's located, and is it  
21 accessible so that a blind person can use it  
22 independently.

23 Q. And what did the representative say?

24 A. They said that they do have a kiosk, but that  
25 unfortunately, it was not something that a blind person

1 could use independently, it wasn't set up for that; and  
2 that I would just need to come to the desk or the window  
3 there on the day of service and that somebody -- they  
4 would make somebody available to help me.

5 Q. And was that the extent of your conversation?

6 A. More or less.

7 Q. Well, do you recall anything else from your  
8 conversation that day prior to January 10th, 2020?

9 A. I think -- well, when they told me that it was  
10 not accessible, I expressed disappointment and I  
11 explained that they should make their kiosks accessible  
12 so that a blind person could use it as well.

13 And they said they would -- they would take that  
14 information, but that unfortunately, at this time, it  
15 wasn't accessible.

16 Q. And so the alternative that they offered you was  
17 checking in at the desk, correct?

18 A. Right.

19 Q. I'm sorry. I missed that.

20 A. Yes.

21 Q. Now, did you ask if you could check in at the  
22 desk or they offered you the option to check in at the  
23 desk?

24 A. They offered it, being that the kiosk was  
25 inaccessible, according to their description of it. They

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1 said, but somebody would help me. All I needed to do was  
2 come to the window or the desk at the date of the  
3 appointment, you know, the day that I needed the service,  
4 and that they would make someone available to help me  
5 with the check-in process.

6 Q. And that's what happened on January 10th, when  
7 you showed up for your actual appointment, correct?

8 A. Yes.

9 Q. Had someone asked you, sir, to visit the LabCorp  
10 location to examine the kiosk?

11 A. No.

12 Q. You did that on your own?

13 A. Correct.

14 Q. Were you already a party to the Quest  
15 litigation?

16 A. I had talked to my counsel about that. I don't  
17 know how far that had gotten at that point, but yes, I  
18 was involved in those talks.

19 And that is, I might add, part of the reason why  
20 I went to LabCorp, was because I thought, well, maybe --  
21 maybe they might be better-equipped for accessibility.

22 Q. Before the complaint was filed in this matter,  
23 sir, did you review it?

24 A. Yes.

25 Q. And did you think it was important to make sure

1 the complaint was accurate?

2 A. Yes.

3 Q. And do you believe, sitting here today, that the  
4 allegations in the complaint are accurate?

5 A. Yes.

6 Q. And when you reviewed the complaint in  
7 preparation for your deposition here today, did you  
8 notice anything in it that you believed to be inaccurate?

9 A. The only thing that I noticed was that it didn't  
10 make reference to the previous visit that I had made, so  
11 that's why I wanted to clarify that detail.

12 Q. Understood.

13 And is it fair to say that on the date you  
14 visited the LabCorp facility with your prescription, they  
15 provided you with medical diagnostic testing services?

16 A. Yes.

17 Q. And no one at LabCorp ever refused to provide  
18 you with those services; is that correct?

19 A. Correct.

20 Q. And no one at LabCorp told you that checking in  
21 at the kiosk was the only option for checking in; is that  
22 correct?

23 A. No, I just understand it to be one of two  
24 options available.

25 Q. And the other option is to check in with a

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1 person at the desk, correct?

2 A. Yes.

3 Q. And so you were never told that the only option  
4 for checking in at LabCorp was to check in at the kiosk,  
5 correct?

6 A. Correct.

7 Q. And since January 10, 2020, have you gone to any  
8 other LabCorp patient service centers?

9 A. No.

10 Q. Since January 10, 2020, have you revisited this  
11 same LabCorp patient service center?

12 A. No.

13 Q. So the one and only time that you went to  
14 LabCorp to receive a service, you were checked in at the  
15 desk, correct?

16 A. That's correct, and that's because that's the  
17 only time I -- the last time that my doctor has requested  
18 bloodwork.

19 Q. And when you visited the LabCorp patient service  
20 center on January 10, 2020, you were not required to use  
21 the kiosk to check in, correct?

22 A. I was not required because -- well, I was not  
23 required.

24 Q. Okay. And when you visited the LabCorp patient  
25 service center on January 10, 2020, you were not required

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1 to sign in through the kiosk, were you?

2 A. No.

3 Q. I am correct, you were not required?

4 A. You are -- I was not required.

5 Q. And when you visited the LabCorp patient service  
6 center on January 10, 2020, you were not required to  
7 register for your appointment at the kiosk, correct?

8 A. No, I was a walk-in.

9 Q. Were you required, sir, to register for your  
10 appointment at the kiosk when you arrived on January 10,  
11 2020?

12 A. It was not required.

13 Q. And you -- well, withdrawn.

14 Prior to filing this lawsuit, other than the  
15 interactions that you had on January 10, 2020 -- excuse  
16 me. Let me strike that.

17 You said a couple days prior to January 10,  
18 2020, you visited the location, you asked about the  
19 kiosk, and you told the person you spoke to that the  
20 kiosk should be made accessible to blind people; is that  
21 right?

22 A. Yes.

23 Q. And the person that you spoke to said they would  
24 pass along that suggestion; is that right?

25 A. Yeah. They agreed that it should be and that

1 they would pass along the suggestion so that we would  
2 have both options available that everybody else has going  
3 to that location.

4 Q. Did you understand, sir, that sighted people  
5 also have the option to check in at the desk?

6 A. Yes, I do; but they also have the option to  
7 perhaps avoid a line and check in at a kiosk, which I did  
8 not have that option.

9 Q. Do you know if the kiosks ever get lines?

10 A. I don't know.

11 Q. And you said the first day that you were there,  
12 prior to your January 10th visit, there was not a line;  
13 is that correct?

14 A. There -- I don't believe there was much of a  
15 line.

16 Q. Do you know on that day if there was a line at  
17 the kiosks?

18 A. I don't know because I don't know where the  
19 kiosk is.

20 MR. SWEET: Rob, we've been going for about an hour  
21 now. I think now is a pretty good time for a break.

22 MR. STEINER: Okay. Do you want to take five  
23 minutes?

24 MR. SWEET: That's fine.

25 MR. STEINER: Thank you.

1 DEPOSITION OFFICER: We're going off the record.

2 (A recess was held from 11:56 to 12:02.)

3 MR. STEINER: We can go back on the record.

4 Q. Mr. Vargas, you understand you're still under  
5 oath, correct?

6 A. Yes.

7 Q. Do you have any knowledge or understanding as to  
8 what the patient check-in process was at LabCorp prior to  
9 the time it introduced its kiosks?

10 A. I do not.

11 Q. Do you know anything about the check-in process  
12 at any other LabCorp location, other than the one you  
13 visited?

14 A. No.

15 Q. When you visited the LabCorp location prior to  
16 January 10th, a couple days prior, do you recall what  
17 time of day it was?

18 A. I believe it was in the afternoon.

19 Q. Do you recall when in the afternoon?

20 A. Like maybe around 3:00 or 4:00 in the afternoon,  
21 give or take.

22 Q. And when you visited on January 10th, do you  
23 recall what time of day it was?

24 A. That was early in the morning.

25 Q. When you visited on January 10th, did anyone at

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1 LabCorp ask you if you were blind?

2 A. No.

3 Q. Did anyone at LabCorp ask you if you were  
4 visually impaired?

5 A. No.

6 Q. Did anyone ask you to fill out any forms or  
7 provide any information which indicated to LabCorp that  
8 you were blind or visually impaired?

9 A. No.

10 Q. To your knowledge --

11 A. I believe --

12 Q. Pardon me?

13 A. I was going to say, I believe the fact that I  
14 walk in with a long white cane and glasses, it indicates  
15 to most people that I have a visual impairment.

16 Q. Fair enough, sir.

17 You have worked with other people who are  
18 visually impaired who do not use a long white cane,  
19 correct?

20 A. I don't recall, but I probably have.

21 Q. Is it fair to say that it's not always obvious  
22 whether someone is visually impaired or blind?

23 A. Not always.

24 Q. And so on this occasion, you certainly weren't  
25 asked by anyone at LabCorp if you were visually impaired

1 or blind?

2 A. No.

3 Q. And are you aware of any record that LabCorp  
4 would have indicating that you are visually impaired or  
5 blind?

6 A. No.

7 Q. Are you aware of any records LabCorp might have  
8 related to anyone else that may be visually impaired or  
9 blind?

10 A. No, and I don't see why I would.

11 Q. And why do you say you don't see why you would  
12 be?

13 A. Because why would I know if they have records on  
14 anybody's visual impairment?

15 Q. But you know they don't have any records on your  
16 visual impairment, correct?

17 MR. SWEET: Objection; misstates testimony.

18 THE DEPONENT: To the best of my knowledge.

19 BY MR. STEINER:

20 Q. Do you know how many blind or visually impaired  
21 people use LabCorp services at its PSCs in a given year?

22 A. I don't.

23 Q. Do you know how many of the people who use  
24 LabCorp services in a given year who are visually  
25 impaired but not blind are able to use its kiosks?

1 MR. SWEET: Objection; compound.

2 THE DEPONENT: I don't know.

3 BY MR. STEINER:

4 Q. Do you know if anyone else that day that you  
5 were there on January 10th checked in in the same manner  
6 that you checked in?

7 A. I don't.

8 Q. You don't know either way, correct?

9 A. Correct.

10 Q. Is it fair to say, sir, that when you visited  
11 the facility on January 10th in the morning, it was  
12 busier than when you visited the facility in the  
13 afternoon a couple days prior?

14 A. Yes.

15 Q. And had you checked in on January 8th -- I'm  
16 sorry. I keep saying the 8th. My apologies, sir.

17 A. That's okay.

18 Q. Had you checked in the first time that you  
19 visited the facility, is it fair to say that you believe  
20 your wait time would have been shorter?

21 MR. SWEET: Objection; calls for speculation.

22 THE DEPONENT: I don't know.

23 BY MR. STEINER:

24 Q. It may have been; you just don't know?

25 A. That's correct.

1 MR. SWEET: Same objection.

2 Julian, I would just caution you to give me a  
3 second or two so that I can object where appropriate.

4 Thank you.

5 BY MR. STEINER:

6 Q. Is LabCorp within your health insurance network?

7 A. Yes.

8 Q. And is that Medicaid?

9 A. Medicare --

10 Q. Medicare?

11 A. -- and Medicaid.

12 Q. And is Quest Diagnostics also within your health  
13 insurance network?

14 A. Yes.

15 Q. On the day that you visited the LabCorp facility  
16 on January 10th, do you know if people who checked in at  
17 the kiosk spent more or less than 20 minutes to check in?

18 MR. SWEET: Objection; lacks foundation.

19 THE DEPONENT: I don't know.

20 BY MR. STEINER:

21 Q. Sir, you rely on auxiliary aids and services to  
22 receive goods and services; is that correct?

23 MR. SWEET: Objection; calls for a legal conclusion.

24 BY MR. STEINER:

25 Q. You can answer it, sir, if you understand the



1 question.

2 A. What do you mean exactly by "auxiliary aids and  
3 services"?

4 Q. Do you know what auxiliary aids and services  
5 are?

6 MR. SWEET: Objection; calls for a legal conclusion.

7 THE DEPONENT: So I'm asking for you to clarify what  
8 you mean by that.

9 BY MR. STEINER:

10 Q. Yes.

11 And I'm just asking you, sir, what your  
12 definition is.

13 Do you have a definition of what an "auxiliary  
14 aid and service" is?

15 A. If you're referring to screen readers, white  
16 canes, and things of that nature, then yes.

17 Q. A screen reader to your mind is a type of  
18 auxiliary aid and service; is that right?

19 A. Yes. It assists me with getting information  
20 that's on a screen and allows me to interact with a  
21 device.

22 Q. Do you use other types of auxiliary aids and  
23 services, other than screen readers?

24 MR. SWEET: Same objection.

25 THE DEPONENT: So like I said, I use screen readers

1 on my computers and mobile devices and I use a white cane  
2 to travel.

3 BY MR. STEINER:

4 Q. Do you read Braille?

5 A. I do not.

6 Q. So if LabCorp had signs in Braille at its  
7 facilities, that would not be helpful to you?

8 A. Not to me personally, but other blind people  
9 would benefit from it.

10 Q. You know there are certain blind people that do  
11 read Braille and certain that don't, correct?

12 A. Correct.

13 Q. Does magnification software work for you as an  
14 auxiliary aid?

15 A. It used to when I was younger, but no longer.

16 Q. What about large-print materials? Do those work  
17 for you as an auxiliary aid?

18 A. No.

19 MR. SWEET: Same objection.

20 BY MR. STEINER:

21 Q. Do you ever rely on someone to read to you in  
22 order to receive goods and services?

23 A. Sometimes.

24 Q. And in what circumstances would you rely on  
25 someone to read to you in order to receive a good or

1 service?

2 A. If the information is not available in an  
3 accessible format that I would be able to use my screen  
4 reader and knowledge of computers and mobile devices to  
5 be able to do myself.

6 Q. Would an example of that be if you went to a  
7 restaurant, for instance, and were given a menu?

8 A. Yes.

9 Q. And in that case, you would ask a waiter or  
10 waitress to read the menu or point out certain things on  
11 the menu; is that correct?

12 A. Correct.

13 Q. And you're comfortable relying on, at least in  
14 that context, someone reading to you the content of  
15 written material, correct?

16 MR. SWEET: Objection; misstates his testimony.

17 BY MR. STEINER:

18 Q. Is that correct, sir?

19 A. I would prefer that the material be available in  
20 a format that I can use myself.

21 And actually, since you bring up restaurants,  
22 more and more of them have put their menus available  
23 online. And I find myself more often referring to those,  
24 when I can get ahold of them, to familiarize myself with  
25 a menu.

1 Q. You have used the services of people reading the  
2 material to you in order to get goods and services,  
3 right?

4 A. When there's no other alternative.

5 Q. Okay. Any other instances that you can think of  
6 in getting a good or service where you have relied on  
7 someone reading to you so that you can familiarize  
8 yourself with the goods and services that are available?

9 A. None other than when there is not an accessible  
10 way that I can do it electronically.

11 Q. You prefer to have access electronically,  
12 correct?

13 A. Yes.

14 Q. Are you aware of others who prefer to have  
15 access through someone reading them the material?

16 MR. SWEET: Objection; calls for speculation, lack of  
17 foundation.

18 THE DEPONENT: I know people I guess you would say in  
19 both camps. I know a lot of people who prefer to do  
20 things for themselves independently and use technology,  
21 and there are some people who are more comfortable  
22 getting something read to them. It's a personal  
23 preference thing.

24 BY MR. STEINER:

25 Q. Have you used an app called Be My Eyes?

1 A. Yes.

2 Q. And as I understand it, that basically connects  
3 you with a person who acts as a qualified reader through  
4 the camera on your iPhone; is that right?

5 A. I would disagree with "qualified reader." Those  
6 are volunteers who are not vetted. Anybody could sign up  
7 to be a Be My Eyes volunteer and there's no process of  
8 training, nor is there a requirement to sign a  
9 nondisclosure agreement or anything like that.

10 So while I would use a service like Be My Eyes  
11 for something basic, like "What color is this shirt?," I  
12 would certainly not rely on Be My Eyes to help me to  
13 obtain personal information on a document.

14 Q. You've used Be My Eyes in a pharmacy before,  
15 correct?

16 A. I've used it in a pharmacy, but not for  
17 prescriptions; for doing things like seeing the  
18 expiration date on a gallon of milk or a jar of juice or  
19 something like that.

20 Q. Have you used it to determine what other  
21 products that you might want to buy?

22 A. Yes, for scanning grocery store shelves.

23 Q. And do you continue to use Be My Eyes?

24 A. Sometimes.

25 Q. And in what instances do you use Be My Eyes?

1           A.    Again, for things like reading an expiration  
2   date, "What color is this shirt?," "Am I standing in  
3   front of a Starbucks?," those kinds of things. Something  
4   that -- something that would get me quick visual  
5   assistance, but not for anything that would require the  
6   handling of confidential information.

7           Q.    When you visited the LabCorp on January 10th --  
8   withdrawn.

9                    Since filing this lawsuit, sir, have you  
10   requested that LabCorp provide you with a specific  
11   auxiliary aid?

12           MR. SWEET:  Objection; calls for a legal conclusion.

13           THE DEPONENT:  I have not.

14   BY MR. STEINER:

15           Q.    Since filing this lawsuit, have you communicated  
16   with LabCorp requesting that it provide you with any  
17   assistance in checking in at its patient service centers?

18           A.    No, because I haven't had to go to LabCorp since  
19   then.

20           Q.    And I take it that on the one occasion that you  
21   were at LabCorp on January 10th -- sorry.  Withdrawn.

22                    Do you have any facts to indicate, sir, that  
23   LabCorp intentionally discriminated against you?

24           A.    Well, the fact that they don't make their kiosks  
25   accessible to a blind person feels like discrimination.

1 Q. Any other facts, sir, to indicate that LabCorp  
2 intentionally discriminated against you, other than the  
3 fact that its kiosks are not accessible to a blind  
4 person?

5 A. No, no other facts.

6 Q. Do you know anything about the process that  
7 LabCorp used to develop its kiosks?

8 A. No.

9 Q. Other than your own personal experience at  
10 LabCorp on January 10th at the Van Nuys location, do you  
11 know anything about LabCorp's check-in policies or  
12 procedures?

13 A. No.

14 Q. Do you know anything about how LabCorp's other  
15 facilities are operated in California or nationwide as it  
16 relates to check-in procedures?

17 A. No, because it's the only one I've been to.

18 Q. And on the only occasion that you went to  
19 LabCorp, you were able to receive the service that you  
20 sought from them, which was medical diagnostic testing,  
21 correct?

22 MR. SWEET: Objection; misstates the testimony.

23 BY MR. STEINER:

24 Q. Is that right, sir?

25 A. I'm sorry. Restate the question?

1 Q. Sure.

2 On the one occasion that you went to LabCorp,  
3 you were able to receive its medical diagnostic testing  
4 services, correct?

5 MR. SWEET: Objection; misstates his testimony.

6 THE DEPONENT: Well, I went there to get a blood  
7 test, yes.

8 BY MR. STEINER:

9 Q. And you got it, correct?

10 A. I did, but I only had one method of interacting  
11 with them.

12 Q. Prior to filing the complaint in this action,  
13 did you ever correspond with LabCorp and tell them they  
14 were violating the Americans with Disabilities Act?

15 A. No.

16 Q. Prior to filing this lawsuit, did you ever  
17 correspond with LabCorp and tell them they were violating  
18 any laws?

19 A. No.

20 Q. Is the first time that you complained about  
21 LabCorp's check-in procedures -- well, withdrawn.

22 Do you have any facts to indicate that  
23 LabCorp has refused to make its kiosks independently  
24 accessible to the visually impaired for financial  
25 reasons?



1           A.    I assume that to make it accessible, they might  
2   have had to pay a little bit more, although frankly, a  
3   lot of today's kiosk systems are based on either iOS or  
4   Android-type devices, all which come with built-in  
5   accessibility. And why LabCorp chose not to avail  
6   themselves of that and make it available to those  
7   customers I guess is beyond me.

8           Q.    So you don't know why they chose not to do  
9   that, whether it was for financial reasons or any other  
10   reason?

11          A.    I'm assuming it's financial.

12          Q.    Other than your assumption, sir, do you have any  
13   facts to indicate that LabCorp chose not to make its  
14   kiosks independently usable by those who are blind or  
15   visually impaired for financial reasons?

16          MR. SWEET:  Objection; asked and answered.

17          THE DEPONENT:  I don't have hard facts. I just have  
18   the experience to rely on.

19   BY MR. STEINER:

20          Q.    Do you know what training LabCorp provides its  
21   employees related to its check-in process?

22          A.    No.

23          Q.    And when you were at the facility on  
24   January 10th, is it fair to say that you were treated  
25   respectfully?

1 A. Yes. The people who I interacted with were  
2 respectful.

3 Q. They were helpful; is that correct?

4 A. Yes.

5 Q. They were able to see that you got the  
6 blood-testing services that you were there to receive,  
7 correct?

8 A. Yes.

9 Q. Have you ever used LabCorp's website?

10 A. No.

11 Q. Do you know whether LabCorp's website is  
12 accessible to the visually impaired?

13 A. I do not, since I haven't used it.

14 Q. Have you ever used LabCorp's mobile application?

15 A. No.

16 Q. And I take it you don't know whether or not that  
17 mobile application is accessible to people who are  
18 visually impaired?

19 A. Correct.

20 Q. LabCorp served your counsel with what are known  
21 as Requests for Admission.

22 Are you familiar with that document?

23 A. Yes.

24 Q. And did you review that document prior to the  
25 submission of those responses?

1 A. Yes.

2 Q. And did you review it to make sure that it was  
3 accurate?

4 A. Yes.

5 Q. And LabCorp also filed a counterclaim against  
6 you; is that correct?

7 MR. SWEET: Objection --

8 BY MR. STEINER:

9 Q. Are you aware of that, sir?

10 MR. SWEET: -- calls for a legal conclusion.

11 THE DEPONENT: I don't recall.

12 BY MR. STEINER:

13 Q. You were able to check in for your service at  
14 LabCorp on January 10th, 2020, correct?

15 A. By going to the desk, yes.

16 Q. And when you went to the LabCorp patient service  
17 center on January 10, 2020, a LabCorp staff member  
18 assisted you with the check-in process, correct?

19 MR. SWEET: Objection; asked and answered.

20 THE DEPONENT: Yes.

21 BY MR. STEINER:

22 Q. And you were not denied any LabCorp product or  
23 service when you went to the patient service center on  
24 January 10, 2020, correct?

25 A. I respectfully disagree. I was denied the

1 opportunity to make use of the kiosk available to  
2 everybody else who walks in there as an option to  
3 announce my arrival and to check in and transact what I  
4 needed to transact.

5 Q. The product or service that you were there for,  
6 sir, was blood testing, correct?

7 MR. SWEET: Objection.

8 THE DEPONENT: It is, but the check-in process is  
9 also part of it.

10 BY MR. STEINER:

11 Q. And you told me before that before you filed  
12 this lawsuit, you never corresponded with LabCorp  
13 regarding any legal violations; is that correct?

14 A. Correct.

15 Q. Sir, in Paragraph 4 -- well, actually, never  
16 mind. Withdrawn.

17 Do you have any facts to indicate that LabCorp  
18 doesn't train its employees to respect the civil rights  
19 or communicate effectively with people who are visually  
20 impaired?

21 MR. SWEET: Objection; calls for a legal conclusion.

22 THE DEPONENT: I do not.

23 BY MR. STEINER:

24 Q. Do you know whether the implementation of  
25 LabCorp's kiosks enabled you to get seen sooner on

1 January 10th than you would have been seen if there were  
2 no kiosks there?

3 MR. SWEET: Objection; calls for speculation.

4 THE DEPONENT: I don't know.

5 BY MR. STEINER:

6 Q. Are you a member of the American Council of the  
7 Blind?

8 A. No.

9 Q. You're aware that this lawsuit was brought as a  
10 class action; is that correct?

11 A. Yes.

12 Q. And what does that mean to you?

13 A. It means that this process makes it more  
14 efficient and available for many blind people, who have  
15 had a similar issue, to seek the -- the correction of the  
16 issue without having to each independently hire their own  
17 counsel.

18 Q. Can you identify any other blind person who has  
19 had a similar issue as you when it comes to checking in  
20 at a LabCorp patient service center?

21 A. "Identify," what do you mean?

22 Q. The name of anyone.

23 Can you identify anyone who has had a similar  
24 issue as you when it comes to checking in at a LabCorp  
25 patient service center?

1 A. Nobody other than the other defendant named in  
2 this case.

3 Q. You mean the other plaintiff, Mr. Davis?

4 A. Yeah. I'm sorry.

5 Q. That's okay.

6 A. I'm not good with my legal terms.

7 Q. And you told me before, you've never spoken to  
8 Mr. Davis, so you don't know anything about his personal  
9 experiences, do you, sir?

10 A. No.

11 MR. SWEET: Objection.

12 BY MR. STEINER:

13 Q. Can you identify anyone, other than yourself,  
14 who you claim was denied a LabCorp product and service  
15 based on their visual impairment or blindness?

16 MR. SWEET: Objection; misstates his testimony.

17 THE DEPONENT: I know that there are a lot of people  
18 who have had similar issues with these kiosks in various  
19 places. I'm not sure that they would all specifically be  
20 LabCorp, but these kiosks are becoming more prevalent;  
21 and unfortunately, they're not -- many of them are not  
22 accessible. So it's at various --

23 BY MR. STEINER:

24 Q. I apologize, sir. My question was a little bit  
25 different.

1 A. Okay.

2 Q. I understand that these kiosks are becoming more  
3 prevalent.

4 My question was: Can you identify anyone who  
5 has been denied a product and service from LabCorp  
6 because they are visually impaired or blind?

7 A. What do you mean by "identify"? Like state the  
8 name, or how do you mean exactly?

9 Q. Yes, state the name.

10 A. No, I cannot.

11 Q. Without telling me, sir, what was said, how  
12 often do you speak with your counsel about this case?

13 A. Frequently; at least maybe once or twice a  
14 month. And obviously, leading up to this deposition, a  
15 little more often.

16 Q. Are you aware, sir, that there is a mediation  
17 scheduled in this case?

18 A. Yes.

19 Q. And do you know when that is scheduled for?

20 A. I don't recall.

21 Q. Have any settlement proposals from LabCorp been  
22 communicated to you?

23 A. Settlement proposals?

24 No.

25 MR. SWEET: I would just caution the witness not to

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1 disclose any communications with his counsel.

2 THE DEPONENT: Restate the question, please?

3 BY MR. STEINER:

4 Q. I don't have a question pending, sir.

5 A. Okay.

6 Q. You're aware, sir, that in this case, you're  
7 seeking to certify what's known as a California subclass?

8 MR. SWEET: Objection; calls for a legal conclusion.

9 BY MR. STEINER:

10 Q. If you're not aware of it, just tell me you're  
11 not aware of it and we can move on.

12 MR. SWEET: Objection --

13 THE DEPONENT: I am aware.

14 MR. SWEET: -- calls for a legal conclusion.

15 BY MR. STEINER:

16 Q. I didn't hear your answer, sir.

17 A. Yes, I am.

18 Q. And do you know what that California subclass  
19 consists of?

20 A. I'm not aware. I mean, I'm sorry, I'm not  
21 familiar.

22 Q. Do you know who is purported to be included  
23 within that California subclass?

24 A. I believe all blind people in California.

25 Q. Whether or not they went to a LabCorp patient

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1 service center or not?

2 A. I don't know.

3 Q. And whether or not they went to a LabCorp  
4 patient service center and were able to check in at the  
5 desk, correct?

6 A. I don't recall.

7 Q. Does the California subclass include anyone that  
8 was able to check in at the kiosk, notwithstanding their  
9 visual impairment?

10 A. I don't recall.

11 Q. You don't recall or you don't know, sir?

12 MR. SWEET: Objection; asked and answered.

13 THE DEPONENT: (No response.)

14 BY MR. STEINER:

15 Q. Do you know, sir, whether the California  
16 subclass includes individuals who were able to check in  
17 at the kiosk, notwithstanding their visual impairment?

18 MR. SWEET: Same objection.

19 THE DEPONENT: I don't recall.

20 BY MR. STEINER:

21 Q. Do you recall if either the California subclass  
22 or the nationwide class includes people who are visually  
23 impaired but haven't visited a LabCorp facility with a  
24 kiosk?

25 A. I don't recall.

1 Q. And do you recall if either the nationwide class  
2 or the California subclass includes people who,  
3 regardless of their sight, prefer to check in at the  
4 desk?

5 A. I don't recall.

6 Q. You're aware there's also a request to certify a  
7 nationwide class of people?

8 A. Yes.

9 Q. And do you know who is included in that request?

10 A. All blind people in the country.

11 Q. And is it all blind people in the country,  
12 regardless of whether or not they have actually visited a  
13 LabCorp patient service center?

14 A. I don't recall.

15 Q. Do you recall if it is all blind people that  
16 have visited a LabCorp patient service center or just  
17 those that have attempted to use the kiosk?

18 A. I don't recall.

19 Q. Does the nationwide class include people who  
20 visited a LabCorp patient service center but were able to  
21 check in at the desk?

22 A. I don't recall.

23 Q. So the only thing that you can recall, sir, is  
24 that the nationwide class includes all blind people in  
25 the United States --

1 MR. SWEET: Objection.

2 BY MR. STEINER:

3 Q. -- is that right, sir?

4 MR. SWEET: Objection.

5 Rob, that's not the only thing he can recall.

6 MR. STEINER: Excuse me. I didn't intend to suggest  
7 that was the only thing he can recall.

8 Q. The only thing, sir, that you can recall about  
9 the composition of the nationwide subclass is that it  
10 includes all blind people in the United States?

11 A. Yes.

12 MR. STEINER: I wasn't trying to be pejorative,  
13 Ben.

14 MR. SWEET: No problem.

15 MR. STEINER: And actually, could the reporter read  
16 back my question and answer.

17 DEPOSITION OFFICER: Yes.

18 (The record was read as follows:

19 Q. The only thing, sir, that you  
20 can recall about the composition of the  
21 nationwide subclass is that it includes  
22 all blind people in the United States?

23 A. Yes.)

24 BY MR. STEINER:

25 Q. And sir, does the nationwide class include

1 people who aren't blind but have some level of visual  
2 impairment?

3 A. Yes.

4 Q. And what level of visual impairment do they have  
5 to have in order to be included in the nationwide class?

6 A. I don't recall.

7 Q. Are you familiar with anyone who is visually  
8 impaired who would be able to use, based on your belief,  
9 LabCorp's kiosk?

10 MR. SWEET: Objection; vague.

11 THE DEPONENT: I'm not aware.

12 BY MR. STEINER:

13 Q. How long, sir, have you been considered legally  
14 blind?

15 A. Since birth.

16 Q. Can you identify, sir, the damages that you have  
17 suffered as a result of your experiences at LabCorp on  
18 January 10, 2020?

19 MR. SWEET: Objection; calls for a legal conclusion.

20 THE DEPONENT: The damage is that I was denied one of  
21 two options to announce my arrival and transact with  
22 LabCorp regarding my visit there.

23 BY MR. STEINER:

24 Q. Did you suffer any financial harm?

25 MR. SWEET: Objection; calls for a legal conclusion.

1 BY MR. STEINER:

2 Q. You can answer it, sir.

3 A. Okay.

4 No.

5 MR. STEINER: Let's take five minutes. I think I'm  
6 pretty much done.

7 MR. SWEET: Okay. Sounds good.

8 MR. STEINER: Thanks, guys.

9 THE DEPONENT: Thanks.

10 DEPOSITION OFFICER: We're going off the record.

11 (A recess was held from 12:43 to 12:51.)

12 DEPOSITION OFFICER: We are back on the record.

13 BY MR. STEINER:

14 Q. Mr. Vargas, I just have hopefully one or two  
15 more questions.

16 Have you described to me, as best as you can  
17 recall, everything that was said between you and the  
18 LabCorp representative on the couple days prior to your  
19 July 10th visit -- sorry -- your January 10th, 2020  
20 visit?

21 A. Yes.

22 Q. And have you described for me, as best as you  
23 can recall, everything that was said between you and the  
24 LabCorp representative on the occasion of your  
25 January 10th, 2020 visit?

1 A. Yes.

2 Q. And have you described to me, as best as you can  
3 recall, everything that you did on the occasion of your  
4 January 10, 2020 visit as it related to obtaining medical  
5 diagnostic testing services from LabCorp?

6 MR. SWEET: Objection; vague.

7 THE DEPONENT: Yes.

8 MR. STEINER: Mr. Vargas, thank you for your time.  
9 I don't have anything further.

10 THE DEPONENT: Thank you.

11 MR. SWEET: I'm going to ask some questions of our  
12 own for Mr. Vargas.

13

14 EXAMINATION

15 BY MR. SWEET:

16 Q. Julian, thank you for taking the time today to  
17 answer questions. I appreciate your diligence.

18 I'm just going to ask you a few questions about  
19 your role as a class representative in this litigation.

20 Okay?

21 Why did you want to serve as a class  
22 representative in this litigation against LabCorp?

23 A. Because I am ultimately seeking to help remove  
24 access barriers to the world for people like myself, who  
25 are blind.

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1 Q. I understand.

2 And what are your motivations in seeking to  
3 represent a class of blind individuals?

4 A. My motives are to, you know, again, help remove  
5 these barriers to accessibility, so that blind people  
6 like myself can transact and, you know, do the things we  
7 need to do on a daily basis as independently as possible.

8 Q. And do you have any financial motive in being  
9 involved in the litigation as a class representative?

10 A. Absolutely not.

11 And this is all about leveling the playing  
12 field, making it so that blind people can avail  
13 themselves of all the conveniences that are available to  
14 everybody else. I'm only seeking injunctive relief and  
15 minimum statutory damages on behalf of the class.

16 Q. And Julian, may I ask you, as far as your role  
17 as a class representative in this litigation, what do you  
18 see as your duties as a good class representative in this  
19 class action?

20 A. To supervise and direct counsel; to review and  
21 approve of documents; to prepare and sit for a  
22 deposition, such as this one; to be ready to appear  
23 in-person at trial, if that's where it goes, or to  
24 actively participate in settlement negotiations, if  
25 that's where things go.

1 Q. Thank you.

2 And what steps have you taken so far to satisfy  
3 your role as a class representative?

4 A. I've communicated with counsel regularly to keep  
5 informed of details and developments in the case. I've  
6 spent time, you know, preparing for and ultimately making  
7 this appearance here today.

8 Q. Great.

9 How often would you say you have communicated  
10 with your counsel, without disclosing any substance of  
11 those discussions?

12 A. I would say a good 15 to 20 times.

13 Q. Great.

14 And can you tell me what laws this class action  
15 is brought under?

16 A. That would be the Americans with Disabilities  
17 Act and other state and federal laws that govern  
18 accessibility, such as the Rehabilitation Act, the  
19 California Unruh Act, and things like that.

20 Q. Great. Thank you.

21 And can you tell me what court the case is  
22 happening in?

23 A. This is in the United States District Court in  
24 Los Angeles, California.

25 Q. And can you tell me who the judge is?



1 A. The judge is Fernando Olguin.

2 Q. And Mr. Vargas, do you also understand that you  
3 are asserting a claim on behalf of blind Californians  
4 under California's Unruh Act?

5 A. Yes.

6 Q. And I believe you stated a moment ago that you  
7 were seeking only the minimum statutory damages for that  
8 claim; is that correct?

9 A. That's correct.

10 Q. And so just to be crystal clear for the  
11 record, are you seeking any additional compensatory  
12 award for yourself in your individual capacity under  
13 this Unruh Act claim, beyond the minimum statutory  
14 damages?

15 A. None whatsoever.

16 Q. And you further understand that the California  
17 subclass is asserting a claim on behalf of blind  
18 Californians under the California Disabled Persons Act,  
19 right?

20 MR. STEINER: Objection; leading.

21 THE DEPONENT: Yes.

22 BY MR. SWEET:

23 Q. And do you understand that this claim seeks  
24 minimum statutory damages of \$1,000 per violation?

25 MR. STEINER: Same objection.

1 BY MR. SWEET:

2 Q. You can answer.

3 A. Yes.

4 Q. And just to be clear, are you seeking any  
5 additional compensatory award for yourself in your  
6 individual capacity under this Disabled Persons Act  
7 claim, beyond the minimum statutory damages?

8 A. No.

9 Q. I want to return to some of the testimony that  
10 we heard from you earlier today.

11 I believe Mr. Steiner asked you about your  
12 involvement in prior litigation with respect to website  
13 accessibility.

14 Do you recall that discussion?

15 A. Yes.

16 Q. And you testified that to the best of your  
17 recollection, there may have been up to five, quote,  
18 "cases," end quote, that you were involved with; is that  
19 right?

20 A. Yes.

21 Q. And is it your understanding that the term  
22 "cases" can relate to lawsuits that are formally filed in  
23 court as well as matters that were resolved via a demand  
24 letter?

25 MR. STEINER: Objection to the form.

1 BY MR. SWEET:

2 Q. You can answer.

3 A. Yes. I'm not very good with my legal terms.  
4 That's the reason I have counsel. So I think it's  
5 absolutely possible.

6 Q. Thank you. That's helpful.

7 And you're not an attorney, are you, Mr. Vargas?

8 A. No. I think that's obvious.

9 Q. You testified a little bit earlier today that  
10 you made two trips to the LabCorp location in Van Nuys,  
11 one a few days before the ultimate blood test you got on  
12 January 10th of 2020; is that correct?

13 A. Correct.

14 Q. And do you have plans to return to that location  
15 in the future?

16 A. Yes.

17 Q. And why would you return to the location?

18 A. It, for one thing, is conveniently close to me.  
19 So when I have to do things, especially like fasting  
20 blood tests, I'm familiar with the location already and  
21 it's not far away, so I can easily get to it.

22 Plus, I want to test and see if they're ever  
23 going to make those kiosks accessible so that someday  
24 people like myself have both options available that  
25 everybody else has, as far as announcing their arrival

72

JA0208

1 and transacting with the lab regarding their visit.

2 Q. Thank you.

3 A little bit earlier, you testified regarding  
4 the practices within LabCorp with regard to training.

5 Do you recall that testimony?

6 MR. STEINER: Objection to the form.

7 THE DEPONENT: Yes.

8 BY MR. SWEET:

9 Q. And is it fair to say that you have relied on  
10 your counsel with regard to the allegations with regard  
11 to training?

12 A. Yes.

13 Q. And is it also fair to say that you have relied  
14 on your legal counsel to craft the class definition in  
15 this matter?

16 A. Yes.

17 MR. SWEET: I'd like to go off the record for just a  
18 few minutes. I think I am complete, but I want to take a  
19 couple moments. So why don't we take a five-minute  
20 break.

21 DEPOSITION OFFICER: We are off the record.

22 (A recess was held from 1:01 to 1:03.)

23 DEPOSITION OFFICER: We are back on the record.

24 BY MR. SWEET:

25 Q. Do you recall earlier, Julian, giving some

1 testimony about the reasons why you believe that the  
2 kiosk was inaccessible?

3 A. Yes.

4 Q. And is it fair to say that you relied on your  
5 counsel for developing reasons why the kiosks were  
6 inaccessible?

7 A. Yes.

8 Q. And do you recall giving testimony earlier today  
9 about whether the inaccessibility of the kiosks affected  
10 other blind individuals?

11 A. Yes.

12 Q. And is it fair to say you've relied on  
13 your counsel for developing the ways in which the  
14 inaccessibility of the kiosks may have affected others?

15 A. Yes.

16 MR. SWEET: Thank you so much, Julian, for your  
17 testimony today. I have no further questions.

18 MR. STEINER: Just a couple.

19

20 FURTHER EXAMINATION

21 BY MR. STEINER:

22 Q. Sir, just so I understand your testimony, you  
23 have no facts yourself to indicate why the kiosks are  
24 inaccessible; is that right?

25 A. I do not, because I have no way of learning

1 about the kiosks, since it's not accessible to begin  
2 with.

3 Q. And you have no facts yourself to indicate how  
4 the design of the kiosks has impacted other visually  
5 impaired or blind people; is that correct?

6 A. That's correct. I rely on my counsel to do that  
7 research.

8 MR. STEINER: Thank you very much, sir. I think  
9 we're done.

10 MR. SWEET: I think we're finished.

11 MR. STEINER: Very good. Have a good day.

12 MR. SWEET: Thank you. Take care.

13 THE DEPONENT: Thank you.

14 DEPOSITION OFFICER: The deposition is complete and  
15 we're going off the record. Thank you.

16

17 (Whereupon, at the hour of 1:05 p.m.,  
18 the proceedings were adjourned.)

19 -000-

20

21

22

23

24

25

REPORTER'S CERTIFICATE

I, the undersigned, a Certified Shorthand Reporter licensed in the State of California, do hereby certify:

That the foregoing proceedings were taken before me at the time and place herein set forth; that the deponent in the foregoing proceedings, prior to testifying, was duly sworn; that a record of the proceedings was made by me using machine shorthand which was thereafter transcribed under my direction; that the foregoing transcript is a full, complete, and true record of said proceedings.

I further certify that I am neither financially interested in the action nor a relative or employee of any attorney or party to this action.

In witness whereof, I have this \_\_\_\_ day of \_\_\_\_\_, 2021, subscribed my name.

\_\_\_\_ Reading and Signing was requested.

\_\_\_\_ Reading and Signing was waived.

  X   Reading and Signing was not requested.

\_\_\_\_ Reading and Signing was provided.

\_\_\_\_\_  
JANET MURPHY, CSR NO. 9650

***-INTENTIONALLY LEFT BLANK-***

JA0213



# EXHIBIT 14

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IN THE UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA

- - -

LUKE VARGAS, JULIAN  
VARGAS, and AMERICAN :  
COUNCIL OF THE BLIND,  
individually, and on :  
behalf of all others  
similarly situated, :CASE NO.  
2:20-CV-00893-FMO-KS  
vs. :

LABORATORY CORPORATION OF :  
AMERICA HOLDINGS; and DOES  
1 through 10, :

- - -

Tuesday, February 16, 2021

- - -

Virtual Zoom Deposition of LUKE DAVIS,  
on the above date at 10:01 a.m., before Rachel L.  
Cicalese, a Registered Professional Reporter and  
Certified Court Reporter.

- - -

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1 DEPOSITION SUPPORT INDEX

2 DIRECTIONS NOT TO ANSWER:

PAGES: 149, 150

3

4 REQUESTS FOR DOCUMENTS OR INFORMATION:

PAGES: None

5

6 STIPULATIONS AND/OR STATEMENTS:

PAGES: 5, 75

7

8 MARKED QUESTIONS:

PAGES: None

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LUKE DAVIS

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1 (It was stipulated by and among  
2 counsel for the respective parties that signing,  
3 sealing, filing and certification are waived and  
4 that all objections, except as to the form of the  
5 question, are reserved until the time of trial.)

6 - - -

7 THE COURT REPORTER: The attorneys  
8 participating in this deposition acknowledge that I  
9 am not physically present in the deposition room,  
10 and that I will be reporting this deposition  
11 remotely.

12 They further acknowledge that, in  
13 lieu of an oath administered in person, I will  
14 administer the oath remotely. The parties further  
15 agree that if the witness is testifying from a  
16 state where I am not a Notary, that the witness may  
17 be sworn in by an out-of-state Notary.

18 If any party has an objection to this  
19 manner of reporting, please state so now.

20 (No response.)

21 THE COURT REPORTER: Hearing none, we  
22 can proceed.

23 - - -

24 LUKE DAVIS, having been duly sworn,

Luke Davis

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1 was examined and testified as follows:

2 EXAMINATION

3 BY MR. STEINER:

4 Q. Good morning, Mr. Davis. Could you  
5 please state your full name and address for the  
6 record?

7 A. Luke Jackson Davis, 7724 Summerdale  
8 Avenue, Floor 1, Philadelphia, Pennsylvania 19111.

9 Q. Mr. Davis, have you ever been deposed  
10 before?

11 A. No.

12 Q. Okay. Let me give you some  
13 instructions that hopefully will make the  
14 deposition go smoothly for you, me, and the court  
15 reporter. I will be asking you some questions  
16 today in a matter that you filed captioned Luke  
17 Davis versus Laboratory Corporation of America  
18 Holdings.

19 If at any point in time you don't  
20 understand any of my questions, let me know, and I  
21 will attempt to rephrase the question in a way in  
22 which you understand it. If you answer a question,  
23 I'll assume that you understood it as asked.

24 If at any point in time you want a

1 break, let me know, and I will accommodate you with  
2 a break. I'll just ask that you answer any pending  
3 question before you take a break.

4 The court reporter can't take down a  
5 nod or a shake of the head. So, if you intend to  
6 say yes, you should say yes. If you intend to say  
7 no, you said say no. You should avoid gestures or  
8 things like uh-huh or uh-uh so the court reporter  
9 can take down your answers.

10 Let's try not to talk over each  
11 other. This is a little bit cumbersome because it  
12 is being done by video, but let me finish my  
13 question, and then I will let you answer it and I  
14 will try not to interrupt you as well. This will  
15 also give your attorney an opportunity to object to  
16 any of my questions if he wishes.

17 Unless your counsel directs you not  
18 to answer any of my questions, you are to answer my  
19 questions as asked.

20 Do you understand these instructions,  
21 sir?

22 A. I do.

23 Q. Sir, did you do anything to prepare  
24 for your deposition today?



1 A. I spoke and interacted with counsel.

2 Q. And when did you do that?

3 A. Yesterday and on Thursday.

4 Q. And with whom did you speak  
5 yesterday?

6 A. Benjamin Sweet, Jon Miller, and Matt  
7 Handley.

8 Q. And approximately, how long was that  
9 meeting?

10 A. I believe it was about three hours.

11 Q. And you said you also met with  
12 counsel on Thursday; is that correct?

13 A. That is correct.

14 Q. And how long was that meeting?

15 A. Approximately, three hours.

16 Q. So, is it fair to say you have spent  
17 a total of six hours preparing for your deposition  
18 here today?

19 A. In addition to time I spent reading  
20 documents, yes.

21 Q. And with whom did you meet on  
22 Thursday, sir?

23 A. Ben and Jon. Ben Sweet and Jon  
24 Miller.

1 Q. Mr. Handley was not present?

2 A. Correct.

3 Q. And I take it all of those meetings  
4 occurred either by phone or Zoom; is that right?

5 A. That is correct.

6 Q. Now, you said in addition to the  
7 approximately six hours that you spent meeting with  
8 counsel, you reviewed some documents; is that  
9 right?

10 A. That is correct.

11 Q. And what document did you review?

12 A. The Complaint and discovery  
13 information, discovery responses.

14 Q. When you say discovery responses,  
15 what specifically are you referring to?

16 A. The responses that we provided to  
17 you, we provided to LabCorp in response to  
18 LabCorp's interrogatories.

19 MR. SWEET: I think Rob may have  
20 frozen. He may be having some connection issues.

21 (Discussion held off the record.)

22 (Mr. Steiner lost connection.)

23 MR. MILLER: Madam Court Reporter, I  
24 don't know if you got my appearance, thanks.

Luke Davis

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1 MR. STEINER: Could you read back the  
2 last question and answer?

3 (A pertinent portion of the record  
4 was read.)

5 BY MR. STEINER:

6 Q. Mr. Davis, I apologize for the  
7 interruption.

8 In addition to reviewing your  
9 responses to LabCorp's interrogatories, did you  
10 review any other documents?

11 A. Not that I could recall.

12 Q. When you reviewed the Complaint in  
13 this matter, did you notice anything that was  
14 inaccurate in it?

15 A. No.

16 Q. Was there anything in the Complaint  
17 that you felt needed correction?

18 A. Not to my recollection.

19 Q. How much time did you spend reviewing  
20 the Complaint, sir?

21 A. About two hours.

22 Q. Do you recall, sir, reviewing a  
23 document that was Plaintiff's Responses to Request  
24 to Admit?

1 A. Yes.

2 Q. And was there anything in that  
3 document that you felt needed correction?

4 A. No.

5 Q. And how much time did you spend  
6 reviewing that document, sir?

7 A. I would estimate about 20 minutes.

8 Q. Had you seen -- had you reviewed  
9 Plaintiff's Responses to Request to Admit prior to  
10 preparing for your deposition?

11 A. I do not recall.

12 Q. You don't recall seeing them?

13 A. I don't recall if I read them before.

14 Q. In reviewing the Responses to  
15 Plaintiff's Responses to Defendant's Request to  
16 Admit, was there anything in there that you saw  
17 that you believed was inaccurate?

18 A. No.

19 Q. You're at your home right now; is  
20 that correct, sir?

21 A. That is correct.

22 Q. Okay. And do you live by yourself or  
23 with someone?

24 A. By myself.

1 Q. And there is no one with you at the  
2 deposition today; is that correct?

3 A. That is correct.

4 Q. Have you ever spoken to Julian  
5 Vargas?

6 A. No.

7 Q. Have you ever had any e-mails with  
8 Mr. Vargas?

9 A. No.

10 Q. Have you had any communications with  
11 Mr. Vargas in any manner whatsoever?

12 A. I have not.

13 Q. Other than through counsel, are you  
14 aware of any of the circumstances of Mr. Vargas'  
15 Complaint as it relates to his interactions with  
16 LabCorp?

17 A. Only through the filed documents.

18 Q. Do you have any understanding of what  
19 Mr. Vargas' role is in this litigation?

20 A. Yes.

21 Q. What is your understanding of his  
22 role in this litigation?

23 A. My understanding is that he is  
24 representing the California subclass.

1 Q. Any other understanding of Mr.  
2 Vargas' role?

3 MR. SWEET: Objection. Asked and  
4 answered.

5 BY MR. STEINER:

6 Q. You can answer it, sir.

7 A. No.

8 Q. Okay. Have you and Mr. Vargas done  
9 anything to coordinate the supervision of counsel  
10 in this case?

11 A. No.

12 Q. Sir, what is your educational  
13 background?

14 A. I attended a private school in  
15 primary school, and then in high school I was  
16 home-schooled but administered by a K-12  
17 institution. After ninth grade I obtained a GED.

18 Q. What is your date of birth, sir?

19 A. 2/1/80.

20 Q. And when did you obtain your GED?

21 A. To the best of my recollection, it  
22 was either 1996 or 1998.

23 Q. Okay. Are you currently employed?

24 A. I'm self-employed.

1 Q. What is your self-employment?

2 A. I am a musician and an audio  
3 technician, and also I do computer work -- computer  
4 network, support work.

5 Q. And for how long have you been  
6 self-employed?

7 A. Most of my life.

8 Q. What computer and network support  
9 work do you do?

10 A. Various. I support Windows  
11 workstations in corporate environments. I support  
12 individuals who are blind with accessibility to  
13 Windows and iPhone usage. And I do remote  
14 administration of servers and computer systems.  
15 And I am also a programmer.

16 Q. And you do that work on a consulting  
17 basis, sir?

18 A. Correct.

19 Q. Do you have a company that you  
20 consult through?

21 A. I have worked through various  
22 entities over the years, and I am a part owner in a  
23 small information technology company.

24 Q. What is the name of that company?

1 A. Open Source Systems Limited.

2 Q. And is that based in Philadelphia?

3 A. It is.

4 Q. And how long have you been part of  
5 Open Source Systems Limited?

6 A. I created it in June of 2020.

7 Q. And prior to that time, were you  
8 employed through any entity?

9 A. I was not employed through any  
10 entity. I owned a couple of entities through the  
11 years.

12 Q. Okay. Was that also doing computer  
13 network support work?

14 A. Yes.

15 Q. Did you have any degrees or  
16 certificates in computer network support work?

17 A. No.

18 Q. Now, sir, I understand that you are  
19 visually impaired; is that correct?

20 A. Yes.

21 Q. Do you use the terminology blind to  
22 describe your impairment?

23 A. I am legally blind.

24 Q. What does that mean from a



1 vision-rating standpoint?

2 A. What do you mean by --

3 Q. Let me just ask you: Do you see  
4 anything corrected or uncorrected?

5 MR. SWEET: Objection. Vague.

6 THE WITNESS: I -- someone else was  
7 trying to say something there.

8 BY MR. STEINER:

9 Q. You can answer, sir.

10 A. Can you repeat the question, please?

11 Q. I am just trying to get a sense of  
12 what your level of vision impairment is. You  
13 described being blind. And I understand people  
14 that are blind can sometimes also see shapes or  
15 objects. I am trying to understand what your level  
16 of vision is.

17 MR. SWEET: He said he's legally  
18 blind.

19 MR. STEINER: I understand that. I  
20 am just trying to get an understanding of what that  
21 means, sir.

22 THE WITNESS: I can sometimes see  
23 light and some shapes. Other times, I cannot.

24 BY MR. STEINER:

1 Q. Okay. How long have you been legally  
2 blind, sir?

3 A. All of my life.

4 Q. And is it the case, sir, that being  
5 able to see some light or shapes in certain  
6 conditions, has that been the case your entire  
7 life, or has your blindness become progressively  
8 worse over time?

9 A. It has become progressively worse  
10 over time.

11 Q. Take the last five years for  
12 instance, sir, is your level of -- is your ability  
13 to see shapes and some light, has it basically  
14 remained the same or has it progressively worsened  
15 along the years?

16 A. It has remained the same.

17 Q. Other than this case, are you a party  
18 to any other litigations?

19 A. No.

20 Q. Have you ever been a Plaintiff in  
21 another litigation other than this case?

22 A. Yes.

23 Q. Okay. And what case was that?

24 A. That was -- I don't know the specific

1 name of the case, but it was a case against Tenet  
2 Healthcare.

3 Q. And what was the nature of that case?

4 A. That was a website accessibility  
5 case.

6 Q. Do you know when it was filed?

7 A. I do not recall specifically.

8 Q. Do you remember the year it was  
9 filed?

10 A. I don't recall specifically. It may  
11 have been 2016 or '17, but that is only a guess.

12 Q. Do you know where that case was  
13 filed?

14 A. I no longer recall specifically.

15 Q. Was the case resolved?

16 A. It was.

17 Q. Okay. And do you know how it was  
18 resolved? Was it through settlement or trial or  
19 some other way?

20 A. It was resolved through settlement.

21 Q. Was that a class action, or were you  
22 the only Plaintiff in that case?

23 A. That was a class action.

24 Q. And I take it you had counsel

1 representing you in that case?

2 A. Yes.

3 Q. Who was the counsel that represented  
4 you in that case?

5 A. Ian Brown, Carlos Diaz. We may have  
6 had others, but that is to the best of my  
7 recollection.

8 Q. Are any of those individuals  
9 affiliated with the firm that is representing you  
10 in this case?

11 A. Not to my knowledge.

12 Q. Other than the case you filed against  
13 Tenet Healthcare, have you been a Plaintiff in any  
14 other cases?

15 A. No, not to my recollection.

16 Q. Have you been a defendant in any  
17 cases?

18 A. Not that I'm aware of.

19 Q. For how long, sir, have you -- strike  
20 that.

21 Prior to LabCorp introducing its  
22 kiosk, did you use or attempt to obtain any  
23 services from LabCorp at a patient service center?

24 A. Yes.

1 Q. And when was the first such time that  
2 you used LabCorp at a patient service center?

3 A. I do not recall.

4 Q. Do you recall whether you had been  
5 using LabCorp patient service centers for several  
6 years prior to the time they introduced kiosks?

7 A. To the best of my recollection, I  
8 had.

9 Q. Had you been using LabCorp services  
10 through its patient service center for more than  
11 several years prior to its introduction of the  
12 kiosks?

13 MR. SWEET: Objection, vague. You  
14 can answer it, sir, if you understand it.

15 THE WITNESS: I don't know how to  
16 answer that.

17 BY MR. STEINER:

18 Q. So, by several years, let's just give  
19 it a number. So, for approximately three years  
20 prior to the time that LabCorp introduced its  
21 kiosks at the patient service centers, were you  
22 using LabCorp services?

23 A. I believe so.

24 Q. Okay. Do you believe you had used

1 LabCorp services through its patient service  
2 centers for more than three years prior to the time  
3 it introduced its kiosks?

4 A. To the best of my recollection, yes.

5 Q. Okay. For approximately how many  
6 years?

7 A. I'm not certain. At least a few.

8 Q. Okay. At least a few years.

9 What I am trying to understand, sir,  
10 is just approximately how many years you had been  
11 going to LabCorp prior to the time they introduced  
12 their kiosks at the patient service center?

13 MR. SWEET: Rob, you've asked the  
14 question three times.

15 MR. STEINER: I think I am entitled  
16 to ask it this way.

17 You can answer it, sir.

18 THE WITNESS: For an extended period,  
19 my lab materials were taken by my primary care  
20 physician and processed thereafter, I believe,  
21 through LabCorp. However, I don't recall exactly  
22 when we switched from that happening to me  
23 physically going to LabCorp facilities. It may  
24 have been, to the best of my recollection, in the

1 early two-thousands. That is as precise as I can  
2 be with that answer.

3 BY MR. STEINER:

4 Q. Okay. And can you estimate how  
5 frequently on a yearly basis you would go to  
6 LabCorp patient service centers prior to the time  
7 it introduced its kiosks?

8 A. To the best of my recollection,  
9 between one and three times.

10 Q. One and three times per year?

11 A. Correct.

12 Q. And what services were you getting  
13 from LabCorp when you would go to a patient service  
14 center prior to the introduction of the kiosk?

15 A. I would sometimes make an  
16 appointment. I would sometimes -- I would always  
17 check in. I would get blood drawn and sometimes  
18 would have urine collected as well.

19 Q. And did you -- again, focusing on the  
20 time prior to when LabCorp introduced kiosks --  
21 would you go to the same patient service centers or  
22 different ones?

23 A. I believe I -- I don't know the  
24 answer to that question.

1           Q.     Can you recall -- can you recall any  
2     of the patient service centers by name or address  
3     that you went to prior to the time that LabCorp  
4     introduced its kiosks?

5           A.     I believe I went to the Bustleton  
6     Avenue location in Philadelphia, the address at  
7     which I -- to the best of my recollection is 9331  
8     Bustleton Avenue. I went to the 101 East Olney  
9     Avenue, Philadelphia location. It is possible I  
10    went to others, but I do not recall.

11          Q.     So, is it fair to say that you had  
12    been to the Bustleton Avenue location multiple  
13    times prior to the time that a kiosk was installed  
14    at that location?

15          A.     Yes.

16          Q.     And you said the other location was  
17    East Olney Avenue; is that correct?

18          A.     East Olney Avenue, yes. O-L-N-E-Y.

19          Q.     And had you been to that location on  
20    multiple occasions prior to the time that it  
21    introduced the kiosks?

22          A.     To the best of my recollection, I had  
23    been there at least once.

24          Q.     Is LabCorp within your health



1 insurance network, sir?

2 A. Yes.

3 Q. And what is your health insurance  
4 provider?

5 A. Keystone First of Pennsylvania. They  
6 sometimes go under the name Blue Cross.

7 Q. And for how long has Keystone First  
8 been your healthcare provider?

9 A. As best as I can recall, since the  
10 mid-1990s, although they operated under a different  
11 name at the time.

12 Q. Have you attempted to use or used  
13 other testing laboratories where you've had to go  
14 to a patient service center other than LabCorp?

15 A. I have not. My insurance company  
16 requires me to use LabCorp, to the best of my  
17 knowledge.

18 Q. And is it because of your insurance  
19 coverage having LabCorp in network that you choose  
20 to go to LabCorp?

21 A. Yes.

22 Q. And I take it then if LabCorp were  
23 not within your insurance network, you would use  
24 another laboratory that was within your network; is

1 that correct?

2 A. That does seem likely.

3 Q. How far is the Bustleton Avenue  
4 location from your home?

5 A. I believe, to the best of my  
6 knowledge, it is under four miles away.

7 Q. And how far is the Olney Avenue  
8 location from your home?

9 A. To the best of my knowledge, it is  
10 approximately two miles away.

11 Q. How do you decide whether to go to  
12 the Bustleton location or the Olney location?

13 A. I usually prefer not to go to the  
14 Olney location simply because of its situation with  
15 regards to traffic and busyness of the streets in  
16 the area.

17 Q. When you say traffic, you are not  
18 referring to traffic at the location but traffic to  
19 get to the location; is that correct?

20 A. I am talking about the traffic in the  
21 proximity to the location.

22 Q. Okay. And do you take public  
23 transportation to get to the LabCorp locations?

24 A. No.

1 Q. How do you get there?

2 A. Various ways. Sometimes by a  
3 transport service. Sometimes by Uber or Lyft.  
4 Sometimes by having someone drive me.

5 Q. Focusing on the time before LabCorp  
6 introduced its kiosks, I want to talk to you about  
7 the process for checking in.

8 When you went to the Olney Avenue and  
9 Bustleton Avenue locations, was the process the  
10 same?

11 A. To the best of my recollection, it  
12 was.

13 Q. And you would enter the facility; is  
14 that correct?

15 A. That is correct.

16 Q. Okay. No issues gaining physical  
17 access to the facility; is that right?

18 A. Not that I recall.

19 Q. And then you would go up to the desk;  
20 is that correct?

21 A. I believe it is. To the desk or  
22 window.

23 Q. And would you sometimes have to wait  
24 in line at the -- to get up to the desk or window?

1 A. I believe I did from time to time.

2 Q. And were there times where you didn't  
3 have to wait in line, and you could go and see  
4 someone immediately?

5 A. Yes.

6 Q. Would it just depend on how busy the  
7 patient service center was whether you had to wait  
8 in line or was able to go up to the desk  
9 immediately?

10 MR. SWEET: Objection.

11 THE WITNESS: I don't presume to know  
12 why sometimes it was -- there was a line and  
13 sometimes there wasn't.

14 BY MR. STEINER:

15 Q. And when you did wait in line, were  
16 you able to discern what the other people in the  
17 line in front of you were there for?

18 A. No.

19 Q. Were you able to hear any of the  
20 details about why they were visiting LabCorp that  
21 day?

22 A. I don't recall any.

23 Q. And, again, sir, these questions all  
24 focus on the time prior to the introduction of the

1 kiosks.

2 When you would go to the desk, sir,  
3 or the window, what information would be taken from  
4 you?

5 A. Certainly my name, and if I had a  
6 prescription, that would be taken. If I was a  
7 walk-in patient, I am sure they would have taken  
8 other information such as my address and phone  
9 number. Other than that, I'm not certain.

10 Q. And would they ask for your  
11 identification?

12 A. I don't recall.

13 Q. Would they ask for your insurance  
14 card?

15 A. I'm sure that at least once they've  
16 asked for my insurance card. I don't know if they  
17 had it on file thereafter. However, that usually  
18 happened at the internal registration desk, as far  
19 as I know. Not the lobby window.

20 Q. And, again, focusing on the time  
21 prior to the time of the kiosks being introduced,  
22 it is your recollection that the information that  
23 you would give at the window was your name, your  
24 prescription, and perhaps your address and phone

1 number?

2 A. That is correct.

3 Q. Okay. Do you recall whether, in  
4 fact, you had to give your phone number at the  
5 desk?

6 A. I do not.

7 Q. Do you recall whether, in fact, you  
8 had to give your address at the desk?

9 A. I do not.

10 Q. When you would give your prescription  
11 at the desk, would you describe to the -- the  
12 individual to whom you were giving it to, what the  
13 prescription was for?

14 A. No.

15 Q. You would just hand it over to the  
16 person at the desk, correct?

17 A. Correct.

18 Q. And this process was the same at  
19 both -- both LabCorp locations that you testified  
20 going to, correct?

21 A. To the best of my recollection, yes.

22 Q. So, is it fair to say that the  
23 prescription that you would hand over would be the  
24 method of communicating to the individual at the

1 desk what service you were there for?

2 A. On the occasions when I handed over a  
3 prescription, yes.

4 Q. Okay. Were there also occasions  
5 where the prescription was transmitted to the  
6 LabCorp location electronically?

7 A. Yes.

8 Q. And, so, in those circumstances, they  
9 would just look up your name and be able to tell  
10 what service you were there for; is that correct?

11 A. To the best of my knowledge, yes.

12 Q. Other than the information that  
13 you've described giving to the individual at the  
14 desk, is there any other information that you had  
15 to give -- again, prior to the introduction of the  
16 kiosk -- to the individual at the desk?

17 A. Not that I can recall.

18 Q. And then after you would provide the  
19 information to the individual at the desk, were you  
20 asked to take a seat and wait to be called into the  
21 back?

22 A. Yes.

23 Q. And would the time that you had to  
24 wait vary?

1 A. It would vary.

2 Q. Sometimes you'd be taken immediately  
3 and sometimes you'd have to sit there for a little  
4 bit, correct?

5 A. It would often depend on whether I  
6 had made an appointment or whether it was a  
7 walk-in.

8 Q. And if you had made an appointment,  
9 would your wait be shorter generally?

10 A. Yes.

11 Q. And if you were a walk-in would the  
12 wait be longer generally?

13 A. It varied.

14 Q. Sometimes when you were a walk-in,  
15 did you not have to wait at all?

16 A. Sometimes when I was a walk-in I,  
17 would only have to wait a moment and -- yes.

18 Q. And, again, focusing on the time  
19 prior to the introduction of the kiosks, how did  
20 you go about making an appointment at the LabCorp  
21 location?

22 A. To the best of my knowledge, back  
23 then I was able to use the phone to make an  
24 appointment as best as I can recall.



1 Q. And, so, you would call the location  
2 directly to make an appointment?

3 A. It's been a number of years since I  
4 did that, but as best as I can recall, that is how  
5 I did it. If I made an appointment at all, that  
6 was how I did it.

7 Q. And when you would go to the LabCorp  
8 patient service center prior to the time they  
9 introduced the kiosks, would you have to fill out  
10 any forms?

11 A. I do not recall.

12 Q. Other than providing your name and  
13 prescription, was there any personal information  
14 that you had to provide to the representative at  
15 the desk prior to the introduction of the kiosks?

16 MR. SWEET: Objection. Asked and  
17 answered.

18 THE WITNESS: As I previously stated,  
19 I believe that from time to time I may have been  
20 asked for my phone number and address, but I'm  
21 uncertain of that.

22 BY MR. STEINER:

23 Q. Once you would be called into the  
24 back, sir, when you checked in at the desk, what

1 would happen next?

2 A. After going into the back, I would  
3 sit down at a provided chair at a desk that was  
4 there, and they would review -- at least I believe  
5 they would review -- the prescription and ask me  
6 any questions they needed to ask me. And after  
7 that, it's possible they would ask me to sign a  
8 document. After that, they would direct me to a  
9 room or in some cases escort me to a room to  
10 actually perform the sample-taking.

11 Q. You said it's possible in the back  
12 you were asked to sign a document. Do you recall  
13 doing so?

14 A. I'm not certain. It is possible that  
15 I was asked to sign a document. I do not recall  
16 for certain if that occurred.

17 Q. If you had to sign a document, sir,  
18 in that situation, how would you know what the  
19 content of the document was that you were signing?

20 MR. SWEET: Objection. Calls for  
21 speculation.

22 THE WITNESS: Do I answer that?

23 MR. STEINER: Yes, you can answer it,  
24 sir.

1                   THE WITNESS: Based only on the  
2                   representative at the desk telling me what the  
3                   document was, whether it was a release or the like.  
4                   I would not know what the content was because the  
5                   documents were never provided to me in accessible  
6                   form.

7                   BY MR. STEINER:

8                   Q.       So, the documents you said were  
9                   provided to you in the back by a technician; is  
10                  that right?

11                  A.       Yes.

12                  Q.       Would the technician read the  
13                  document to you?

14                  A.       No.

15                  Q.       Did you ever ask the technician to  
16                  read the document to you?

17                  A.       I do not recall.

18                  Q.       You said in the back the technician,  
19                  to your knowledge, would sometimes ask you  
20                  questions; is that right?

21                  A.       Yes.

22                  Q.       And what questions were you asked in  
23                  the back?

24                  A.       The only question I specifically

1 recall being asked at those times was whether I had  
2 been fasting.

3 Q. Whether you had or had not been  
4 fasting; is that right?

5 A. Correct.

6 Q. And can you recall any other  
7 questions being asked of you by the technician in  
8 the back?

9 A. As I think I mentioned earlier, I  
10 believe they at least on some occasions asked to  
11 see my insurance card and possibly my  
12 identification at those times. I do not recall  
13 specifically what other questions they may or may  
14 not have asked me.

15 Q. And when you are in the back, sir, as  
16 we've described it, it is just you and the  
17 technician; is that correct?

18 A. There are sometimes other staff  
19 members around.

20 Q. Was it sometimes the case, sir, that  
21 the same person that checked you in at the desk  
22 would be the person that would take you in the back  
23 and take this additional information?

24 A. To the best of my recollection, that

1 was sometimes the case.

2 Q. And, so, sometimes the same person  
3 that checked you in was the same person that did  
4 the blood draw or the urine collection; is that  
5 correct?

6 A. I would not say that.

7 Q. Were there occasions where the same  
8 person that checked you in did the blood draw?

9 A. I don't specifically recall.

10 Q. When you would go to the desk, sir,  
11 to check in, were you ever asked whether you were  
12 blind or visually impaired?

13 A. Not that I can recall.

14 Q. Were you ever asked to fill out a  
15 form indicating whether you were blind or visually  
16 impaired?

17 A. No. However, I do believe that  
18 information is indicated on my identification,  
19 which they had.

20 Q. And what is your -- what form of ID  
21 do you use, sir?

22 A. It's state identification called a  
23 non-driver's license.

24 Q. Do you know if LabCorp records

1 whether or not you were blind or visually impaired  
2 based on that identification card?

3 A. I do not.

4 Q. Do you have any -- do you know how  
5 many blind or visually impaired people use LabCorp  
6 services at its patient service centers in a given  
7 year?

8 A. I do not.

9 Q. Putting aside visits to LabCorp  
10 patient service centers, when you go to your own  
11 medical provider, are you sometimes asked to fill  
12 out forms?

13 A. Yes.

14 Q. Okay. And how do you review the  
15 information that is in those forms?

16 A. Periodically, I have had someone with  
17 me who has had to go through the forms and fill  
18 them out on my behalf. At other times the medical  
19 staff at the locations have done that.

20 Q. And on the occasions where the  
21 medical staff has done that, do they read the forms  
22 to you?

23 A. Yes.

24 Q. And then you provide verbal responses

1 to the questions and the forms?

2 A. Yes.

3 Q. And they record those responses, to  
4 the best as you know, on those forms?

5 A. Yes.

6 Q. And has that been an effective way  
7 for you to fill out forms, by relying on medical  
8 staff to fill them out for you?

9 MR. SWEET: Objection. Misstates his  
10 testimony.

11 THE WITNESS: I would not say it -- I  
12 mean, I would not say it as ideal or accessible,  
13 but it is effective in that the form is ultimately  
14 filled out presumably to the satisfaction of the  
15 medical personnel.

16 BY MR. STEINER:

17 Q. Do you read braille, sir?

18 A. I am only -- I read braille very  
19 slightly.

20 Q. You don't view yourself as  
21 proficient?

22 A. I'm not a proficient braille reader.

23 Q. Are you able to read large-print  
24 materials?

1 A. No.

2 Q. Does magnification software help for  
3 you to read print material?

4 A. No.

5 Q. Do you rely on screen-reading  
6 software to read written material if it's  
7 electronic?

8 A. Yes.

9 Q. Other than the instances where you've  
10 relied on medical staff to read forms to you, are  
11 there any other instances where you rely on someone  
12 to read written material to you in order to make it  
13 accessible to you?

14 A. Yes.

15 Q. What are those instances?

16 A. Generally, in my personal and  
17 business life, if I need material read and for  
18 whatever reason I can't use electronic means to  
19 scan and read it, I will find someone who can read  
20 it for me or read as much of it as I need read to  
21 comprehend it.

22 Q. Other than having someone read  
23 materials for you and using electronic software to  
24 read electronic materials, are there any other ways



1 in which you are able to access written material?

2 A. No, I do not believe there is any  
3 other way for anyone to access material other than  
4 those methods.

5 Q. I am talking about you, sir. You  
6 said you are not proficient in braille.  
7 Magnification software doesn't work for you;  
8 large-print materials don't work. I am trying to  
9 understand other than using screen-reading software  
10 and someone to read materials for you, are there  
11 any other ways in which you are able to get written  
12 content?

13 A. Other than having someone read  
14 materials to me or using an electronic scanning  
15 device of some kind to take materials into  
16 screen-reading software or other kinds of reading  
17 software, I do not believe there is any other way,  
18 other than recorded media, that I would be able to  
19 read written material.

20 Q. Now, at some point you are aware  
21 LabCorp introduced electronic kiosks at its patient  
22 service centers; is that correct?

23 A. Yes.

24 Q. And do you know when that happened as

1 it related to the patient service centers that you  
2 visited?

3 A. I do not.

4 MR. SWEET: Rob, we have been going  
5 for almost an hour now. Can we take a short  
6 ten-minute break?

7 MR. STEINER: Sure.

8 MR. SWEET: Thank you.

9 (Break taken.)

10 (A pertinent portion of the record  
11 was read.)

12 BY MR. STEINER:

13 Q. Sir, we are back on the record.

14 How did you learn that LabCorp  
15 introduced kiosks to the patient service centers  
16 that you were visiting?

17 A. I found out by going to a patient  
18 service center and being told by the staff at the  
19 window that I was required to use the kiosk in  
20 order to check in or register.

21 Q. Which location was that that you were  
22 going to?

23 A. I believe Bustleton, that I told you  
24 earlier, to the best of my recollection.

1 Q. And do you recall -- do you know how  
2 long the kiosk had been in place at the time that  
3 you were told that?

4 A. I do not.

5 Q. Do you know if you had been able to  
6 check in at the desk during the time that the  
7 kiosks were in place but prior to the time that you  
8 were told that at the Bustleton Avenue location?

9 MR. SWEET: Objection, vague.

10 THE WITNESS: Please restate the  
11 question.

12 BY MR. STEINER:

13 Q. Sure. You said there was a time that  
14 you went to the Bustleton Avenue location and you  
15 went to check in at the desk and the person at the  
16 desk told you that you needed to check in at the  
17 kiosk, correct?

18 A. That is correct.

19 Q. Okay. Do you know whether there were  
20 occasions prior to then that you had been to the  
21 Bustleton Avenue location that you were able to  
22 check in notwithstanding the fact that kiosks had  
23 been installed?

24 MR. SWEET: Objection.

1                   THE WITNESS: I do not know that. I  
2                   knew nothing of the kiosk until I was informed in  
3                   2016 by the staff at the window, I believe at the  
4                   location that I mentioned, that I needed to use the  
5                   kiosk. That was the first time that I became aware  
6                   of them.

7                   BY MR. STEINER:

8                   Q.       And you believe that was in 2016?

9                   A.       Yes.

10                  Q.       Was it a man or a woman that gave you  
11                  this instruction, that you needed to use the kiosk  
12                  to check in?

13                  A.       I do not recall.

14                  Q.       Did you say anything in response?

15                  A.       The best as I can recall, I said that  
16                  I had never heard of that and the representative  
17                  told me that that's how we do things now. And I  
18                  then mentioned that I was blind and would I be able  
19                  to use the kiosk. And the representative said that  
20                  they didn't know and said that the person who was  
21                  with me should help me.

22                  Q.       Did the person at the desk offer to  
23                  help check you in?

24                  A.       No. In fact, I asked can you just

1 check me in here and was told you can use the  
2 kiosk. That was, I believe, a walk-in  
3 appointment -- sorry, a walk-in visit.

4 Q. Who was the family member that was  
5 with you?

6 A. To the best of my recollection, that  
7 was Karen Davis, my mother.

8 Q. After that occasion, did you ever  
9 attempt to check in at the desk?

10 A. Yes, several times I attempted to  
11 check in at desks at LabCorp locations and on each  
12 occasion I was told that I had to use the kiosk.

13 Q. And was that at both the Bustleton  
14 location and Boyston (sic) location?

15 A. Pardon me?

16 Q. Was that both the Bustleton Avenue  
17 location and the Olney location?

18 A. It was at those locations, and I  
19 believe also at a Frankford Avenue location, the  
20 address of which I do not recall.

21 Q. Are you aware, sir, that Mr. Vargas  
22 has been deposed in this case?

23 A. I am aware of that.

24 Q. Okay. And Mr. Vargas testified that

1 when he went to the LabCorp location the  
2 representative offered him the option to check in  
3 at the desk. Are you aware of that?

4 A. I am aware of that.

5 Q. And -- okay. Is it fair to say that  
6 that is not consistent with your experience?

7 A. That is correct.

8 Q. I am going to read you some of  
9 Mr. Vargas' testimony, and I just want to know if  
10 this is consistent with your experiences at LabCorp  
11 PSCs. Okay, sir?

12 Mr. Vargas was asked, Question: Now  
13 did you ask --

14 MR. SWEET: Rob, do you have an  
15 exhibit to put this in front of the witness or --

16 MR. STEINER: No, I will read it.

17 BY MR. STEINER:

18 Q. Now, did you ask if you could check  
19 in at the desk or they offered you the option to  
20 check in at the desk?

21 Answer: They offered it being that  
22 the kiosk was inaccessible according to their  
23 description of it, they said, but somebody would  
24 help me. All I needed to do was come to the window

1 or the desk at the date of the appointment, you  
2 know, the day I needed the service, and they would  
3 make someone available to help me with the check-in  
4 process.

5 Question: And that was what happened  
6 on January 10, when you showed up for your actual  
7 appointment, correct?

8 Answer: Yes.

9 Sir, is that consistent with your  
10 experiences trying to check in at a LabCorp patient  
11 service center?

12 A. Not at all.

13 Q. Mr. Vargas also testified, Question:  
14 And no one at LabCorp told you that checking in at  
15 the kiosk was the only option for checking in; is  
16 that correct?

17 Answer: No, I just understand it to  
18 be one of the two options available.

19 Question: The other option is to  
20 check in with a person at the desk; is that  
21 correct?

22 Answer: Yes.

23 Is that consistent with your  
24 experience at LabCorp?

1 MR. SWEET: Objection. What  
2 experience?

3 MR. STEINER: Is that experience  
4 consistent with your experience at LabCorp PSCs?

5 THE WITNESS: Can you describe the  
6 experience again, please?

7 BY MR. STEINER:

8 Q. Mr. Vargas testified. The question  
9 was: No one at LabCorp told you that checking in  
10 at the kiosk was the only option for checking in;  
11 is that correct?

12 Answer: No, I just understand it to  
13 be one of two options available.

14 Question: And the other option is to  
15 check in with a person at the desk?

16 Answer: Yes.

17 My question is, is Mr. Vargas'  
18 experience checking in at a LabCorp PSC consistent  
19 with yours based on his testimony?

20 A. I do not believe so. I was never  
21 offered the option to check in at a desk after the  
22 kiosks were made available.

23 Q. Mr. Vargas also testified, Question:  
24 And, so, you were never told that the only option



1 for checking in at a LabCorp was to check in at the  
2 kiosk, correct?

3 Answer: Correct.

4 Is that consistent with what you were  
5 told, sir?

6 A. It is not. It is, in fact, exactly  
7 opposite to what I was told. I was told -- even I  
8 believe in the Complaint we have the March item --  
9 that I spoke to the representative at the window  
10 and said I am blind; what am I supposed to do since  
11 I can't use the kiosk. The response was I don't  
12 know.

13 They never offered to take my  
14 registration at the window or to even assist me  
15 with the kiosk.

16 Q. Mr. Vargas was asked, Question: And  
17 when you visited a LabCorp patient service center  
18 on January 10, 2020, you were not required to use  
19 the kiosk to check in, correct?

20 Answer: I was not required.

21 Is that consistent with your  
22 experiences in checking in at LabCorp patient  
23 service centers?

24 A. Not at all.

1 Q. Mr. Vargas testified, Question: And  
2 when you visited the LabCorp patient service center  
3 on January 10, 2020, you were not required to sign  
4 in through the kiosk, were you?

5 Answer: No.

6 Question: Am I correct, you were not  
7 required?

8 Answer: I was not required.

9 Is that consistent with your  
10 experiences at LabCorp patient service centers?

11 A. It is not.

12 Q. Okay. Mr. Vargas testified,  
13 Question: Were you required, sir, to register for  
14 your appointment at the kiosk when you arrived on  
15 January 10, 2020?

16 Answer: It was not required.

17 Sir, were you required to register  
18 for your appointments at the kiosk when you went to  
19 LabCorp patient service centers?

20 A. I -- restate the question, sir.

21 Q. Sure. Let me read Mr. Vargas'  
22 answer again.

23 Question: Were you required to  
24 register for your appointment at the kiosk when you

1 arrived on January 10, 2020?

2 Answer: It was not required.

3 My question to you, sir, is were you  
4 required to register at the kiosk when you would  
5 visit them on the dates and times that you  
6 described?

7 MR. SWEET: Objection to the form of  
8 the question.

9 MR. STEINER: You can answer, sir.

10 THE WITNESS: I was required to  
11 either check in or register at the kiosk on all  
12 occasions subsequent to the first time that I spoke  
13 of where they required me to use the kiosk.

14 BY MR. STEINER:

15 Q. I take it your experience regarding  
16 registering for an appointment is inconsistent with  
17 Mr. Vargas', correct?

18 MR. SWEET: Objection. Misstates his  
19 testimony.

20 BY MR. STEINER:

21 Q. Is that correct, sir?

22 A. My experience is inconsistent with  
23 the experiences of Mr. Vargas that you have  
24 described.

1 Q. Okay. Since the kiosks have been  
2 introduced at LabCorp, to your knowledge, have you  
3 ever been able to check in at the desk?

4 A. No.

5 Q. On how many occasions, sir, have you  
6 asked to check in at the desk since the kiosks have  
7 been installed?

8 A. At least -- to the best of my  
9 recollection, at least six.

10 Q. Sir, in Paragraph 21 of the Amended  
11 Complaint you describe your visits to LabCorp  
12 patient service centers. Are you familiar with  
13 those allegations?

14 A. Yes.

15 Q. And you described on October 11, 2016  
16 attempting to make an appointment via the web  
17 browser but no patient -- no visit to a patient  
18 service center; is that correct?

19 A. That is not correct.

20 Q. Let me --

21 MR. STEINER: Jewel, can we put --  
22 and we will make mark it as Davis Exhibit 1 -- the  
23 Amended Complaint in front of the witness?

24 (Exhibit Davis 1, Amended Complaint,

1 was marked for identification.)

2 BY MR. STEINER:

3 Q. Sir, I am going to ask you to review  
4 Exhibit 1. It should come up on your screen.

5 A. It has not -- not in any accessible  
6 form.

7 MR. STEINER: Jewel, can you let me  
8 know when that's posted? We can try to walk the  
9 witness through that.

10 (Discussion held off the record.)

11 THE WITNESS: I've read the document  
12 or paragraph in question.

13 MR. STEINER: Okay. So, why don't we  
14 go back on the record.

15 BY MR. STEINER:

16 Q. Sir, we've put in front of you what  
17 we've marked as Davis Exhibit 1, which is the  
18 Amended Complaint in this matter. And I understand  
19 that off the record you've had an opportunity to  
20 review Paragraph 21 and it's subparts; is that  
21 correct?

22 A. That is correct.

23 Q. Is it fair to say, sir, that the  
24 first time you identify in the Complaint being told

1 that a staff member could not help you check in was  
2 for your October 5, 2018 visit?

3 A. I believe that is the first time that  
4 is identified in the Complaint; however, that is  
5 not the first time it happened. It happened on  
6 prior occasions as well. It is just not listed in  
7 the Complaint.

8 Q. Do you know why not?

9 A. I do not know why not.

10 Q. Prior to the October 5 date, there is  
11 an allegation that you visited or tried to make an  
12 appointment with LabCorp on October 11, 2016,  
13 December 23, 2017, and March 28, 2018; is that  
14 correct?

15 A. To the best of my recollection, that  
16 is correct.

17 Q. Is it your testimony on each of those  
18 occasions you attempted to check in at the desk and  
19 were denied that opportunity?

20 A. Actually, can you ask the former  
21 question again, please?

22 Q. Sure. The Complaint identifies that  
23 on the October 11, 2016 date, the December 23, 2017  
24 date; and a March 28, 2018 date where it appears

1 that you visited a LabCorp location; is that  
2 correct?

3 A. On those occasions, I did visit a  
4 LabCorp location, yes.

5 Q. And the location was a patient  
6 service center, correct?

7 A. Yes, to the best of my knowledge.

8 Q. And is it your testimony that on each  
9 of those occasions you attempted to check in at the  
10 desk and were told that you needed to check in at  
11 the kiosk?

12 A. Yes.

13 Q. And you don't know why that  
14 allegation is omitted from those paragraphs?

15 A. I left the preparation of the  
16 Complaint to counsel.

17 Q. Did you review the Complaint before  
18 it was filed, sir?

19 A. I do not recall specifically if I  
20 reviewed it prior to filing or immediately after  
21 filing.

22 Q. Is it your testimony, sir, that there  
23 was a kiosk -- actually, let me ask you this: The  
24 October 11, 2016 visit, do you know what location

1 that was to?

2 A. To the best of my recollection, that  
3 was the Bustleton Avenue location.

4 Q. Do you recall going to a location at  
5 5401 Old York Road?

6 A. I do not recall specifically going to  
7 that location, but I do not deny that it is  
8 possible that I did go to that location.

9 Q. What is AEMC Liver Disease  
10 Transplant? Do you know what that is, sir?

11 A. I'm not sure what those initials  
12 stand for.

13 Q. Are you familiar with that medical  
14 service provider?

15 A. I -- to the best of my knowledge,  
16 that is an affiliate or department or in some way  
17 connected to Einstein Hospital or Einstein Network.

18 Q. Do you know if there is a LabCorp  
19 patient service location located at 5401 Old York  
20 Road?

21 A. I don't specifically recall that.

22 Q. Do you recall ever going to a LabCorp  
23 patient service center at 5401 Old York Road?

24 A. I do not specifically recall that.



1 Q. Do you know whether kiosks existed at  
2 that location on October 11, 2016?

3 MR. SWEET: Objection.

4 THE WITNESS: Given that I don't  
5 specifically remember whether I've gone to that  
6 location, I can't speculate whether a kiosk existed  
7 there.

8 BY MR. STEINER:

9 Q. Is it your testimony that on  
10 October 11 2016, you visited a LabCorp patient  
11 service center and were told to check in at a  
12 kiosk?

13 MR. SWEET: Objection.

14 BY MR. STEINER:

15 Q. You can answer, sir.

16 A. Yes, sir. That is my statement.

17 Q. Do you recall, sir, going to a  
18 LabCorp location in or around November 14, 2016 at  
19 Bustleton Avenue?

20 A. I do. I believe that is a date that  
21 I went to one, yes.

22 Q. Is there any reason why that visit is  
23 not referenced in the Complaint?

24 A. Given that it was substantially

1 similar or identical to the prior visit with  
2 regards to the kiosk, I did not find it necessary  
3 to make note of it.

4 Q. Okay. So, is it your testimony that  
5 on November 14, 2016 you visited the LabCorp  
6 patient service center and were told you could only  
7 check in at the kiosk?

8 A. To the best of my recollection, that  
9 is correct.

10 Q. And your explanation for that not  
11 being in the Complaint is because you felt it was  
12 not necessary?

13 A. I felt it substantially similar. The  
14 accessibility issues were substantially similar to  
15 the prior event.

16 Q. That prior event being the  
17 October 11, 2016 event; is that correct?

18 MR. SWEET: You actually misstated.

19 THE WITNESS: That is correct.

20 BY MR. STEINER:

21 Q. Do you recall going to that Bustleton  
22 Avenue location in or around May of 2017?

23 A. I do not specifically recall that  
24 visit.

1 Q. Would it be your testimony, sir, if  
2 medical records show that you visited a LabCorp  
3 patient service center on May 9, 2017 at Bustleton  
4 Avenue, that you were told on that occasion that  
5 you needed to check in at the kiosk?

6 A. Yes.

7 Q. Again, is there a reason why that  
8 allegation is not included in Paragraph 21 or  
9 anywhere in the Complaint?

10 A. As -- to the best of my recollection,  
11 I did not include events that were substantially  
12 identical or similar to the previous ones.

13 Q. And, so, your testimony is that the  
14 visit on May 9, 2017 was substantially the same as  
15 the visit on October 11, 2016, correct?

16 A. With regards to the inaccessible  
17 kiosk and the inaccessible electronic systems, that  
18 is to the best of my recollection.

19 Q. With respect to being told that the  
20 only way to check in was at the kiosk?

21 A. Also the same. I was never given any  
22 option to do anything other than check in at a  
23 kiosk subsequent to the October 11, 2016 date.

24 Q. And just so I understand you

1 correctly, on at least six other occasions  
2 subsequent to October 11, 2016 after being told  
3 that you needed to check in at the kiosk, you  
4 attempted to check in at the desk?

5 A. Can you restate that, please?

6 Q. Sure. Just so I am understand your  
7 testimony, you said that there were approximately  
8 six times where you went to the desk and were told  
9 that you needed to check in at the kiosk; is that  
10 right?

11 A. I believe I said that there were at  
12 least six times and that is, I believe, correct to  
13 the best of my knowledge.

14 Q. Were there any times that you went to  
15 a LabCorp patient service center and didn't ask to  
16 check in at the desk?

17 A. After having been repeatedly  
18 instructed that the only way to check in was to do  
19 so via the kiosk, there did come a time when I  
20 began using the mobile check-in option and did not  
21 then try to check in at the desk.

22 Q. And when was that, sir?

23 A. I believe that was approximately  
24 around the October 2019 appointment and while the

1 mobile check-in option allowed me to check in, of  
2 course, it did not give me access to any of the  
3 other features that I understand the kiosks have.

4 Q. What other features are those that  
5 the mobile -- that the kiosks have to allow one to  
6 check in?

7 A. To the best of my knowledge, they  
8 also include access to billing information and  
9 possibly other services that since I can't use them  
10 I don't know about.

11 Q. Well, other than access to billing  
12 information, what other access to information do  
13 the kiosks give you access to that you have  
14 knowledge of?

15 A. Given that the kiosks are unavailable  
16 to me given their inaccessibility, I do not know  
17 what else they are capable of doing. I do know  
18 they are capable of more than just checking in for  
19 walk-in appointments.

20 Q. And you know that you are able to see  
21 past-due bills; is that correct?

22 A. That is my understanding, yes.

23 Q. And have you ever had any past-due  
24 bills that you needed to satisfy for LabCorp?

1 A. Not to my knowledge.

2 Q. That is not a functionality that you  
3 needed to make use of at the kiosk; is that  
4 correct?

5 MR. SWEET: Objection. Misstates his  
6 testimony.

7 BY MR. STEINER:

8 Q. Is that correct, sir?

9 A. Please restate the question.

10 Q. Sure. Is the payment of past-due  
11 bills a functionality that you needed to make use  
12 of at the kiosk?

13 MR. SWEET: Same objection.

14 THE WITNESS: To the best my  
15 recollection, I have not needed to use that  
16 specific functionality. But, again, not knowing  
17 what other functionalities are available, I can't  
18 speculate whether I needed those functionalities  
19 and could not access them.

20 BY MR. STEINER:

21 Q. Now, the Complaint alleges in  
22 Paragraph 21B that you visited a LabCorp patient  
23 services center on December 17, 2017, correct?

24 A. That is correct.

1 Q. And your Complaint alleges that you  
2 were accompanied by a family member. Was that your  
3 mother?

4 A. To the best of my recollection, it  
5 was.

6 Q. And explain to me what the -- as far  
7 as you understood it, what the check-in process was  
8 at the kiosk?

9 A. On that specific occasion, I  
10 attempted to make an appointment online and was  
11 unable to do so because of the inaccessibility of  
12 the website at that time. I was able to, to the  
13 best of my recollection, have somebody make an  
14 appointment for me, but when I went into the  
15 LabCorp location, I was told that I could not check  
16 in at the desk, that I was required to use the  
17 kiosk.

18 So, at that time I went to the kiosk  
19 and the person who was with me -- which to the best  
20 of my recollection was my mother, Karen Davis --  
21 was required to enter information into the kiosk on  
22 my behalf. And I was required to speak that  
23 information out loud in a public waiting room. And  
24 I do believe that information included my name, my

1 telephone number, my address, possibly other  
2 information such as my date of birth and other data  
3 that I would not have preferred to speak out loud  
4 in a public waiting room for privacy concerns.

5 Q. Do you carry identification with you?

6 A. In general, I do.

7 Q. Did you carry your insurance card  
8 with you?

9 A. I generally do.

10 Q. Do you know whether the kiosk has the  
11 capability to scan insurance information and  
12 identification?

13 A. It is my understanding that it does.

14 Q. Is there a reason why you were  
15 required to speak the information you state out  
16 loud as opposed to simply scanning your  
17 identification and your insurance card?

18 A. I, in fact, wondered that same thing.  
19 After it asked for the information that I  
20 mentioned, it then asked to scan those cards or at  
21 least my identification. I, therefore, did not  
22 understand why at the time it was asking me to  
23 provide the information and then also scanning the  
24 card where it could obtain the information. But I



1 can't speculate as to how those systems operate.

2 Q. Just so I am completely clear as to  
3 your recollection of the process, you were asked to  
4 have someone manually enter the information that  
5 was on your identification and insurance card and  
6 then subsequently scan the same information; is  
7 that your testimony?

8 A. I don't believe that is what I said.  
9 The kiosk asked for various pieces of personal  
10 information. I know some of that information could  
11 be available on or in the data contained in my  
12 personal identification. I don't recall whether my  
13 insurance information was asked for or was obtained  
14 from the card or how it was obtained in that  
15 circumstance.

16 Q. Let's just deal with the personal  
17 information, the name, address, possibly date of  
18 birth and telephone number. Is it your testimony,  
19 sir, that you were required to have someone  
20 manually enter that information and then  
21 subsequently scan the same information from your  
22 identification card?

23 A. Yes.

24 Q. And it's your understanding that the

1 kiosk was programmed to operate in that manner?

2 A. I cannot speculate how the kiosk was  
3 programmed to operate. I am testifying as to my  
4 experience.

5 Q. Is the information that you provided  
6 to your mother at the kiosk the same information  
7 that you had previously been providing when you  
8 were able to check in at the desk?

9 A. I do not recall specifically.

10 Q. You testified previously that when  
11 you checked in at the desk, you had to provide your  
12 name and your prescription, correct?

13 A. I believe that was my testimony, yes.

14 Q. And then you said you possibly needed  
15 to provide your telephone number and your address  
16 but you weren't sure, correct?

17 A. Correct.

18 Q. And, so, you have an affirmative  
19 recollection, though, sir, at the kiosk of having  
20 to provide verbally to your family member your  
21 address and telephone number, correct?

22 A. To the best of my recollection, that  
23 is the information that I had to provide.

24 Q. And you provided that information to

1 your mother to check you in?

2 A. To the best of my recollection, yes.

3 Q. Sir, your mother knows where you  
4 live, correct?

5 A. Correct.

6 Q. She has your address, correct?

7 A. To the best of my knowledge.

8 Q. Okay. And she calls you from time to  
9 time?

10 A. Yes.

11 Q. So, she has your telephone number,  
12 correct?

13 A. She does.

14 Q. So, why did you have to speak out  
15 loud your address and telephone number to your  
16 mother so she could keyboard it into the kiosk when  
17 she already knew that information?

18 A. In assisting me in that sort of  
19 context, she does not assume or presume what  
20 information I want entered. I have various  
21 telephone numbers and other information. She just  
22 asks and enters what I tell her to enter.

23 Q. How many telephone numbers do you  
24 have?

1 A. At that time?

2 Q. Yes, October 11, 2016, which is the  
3 time that you've told me that you tried to first  
4 check in at the kiosk.

5 A. I believe I had two at that time, to  
6 the best of my recollection.

7 Q. Do you still have two telephone  
8 numbers?

9 A. I do still have two telephone  
10 numbers.

11 Q. Are they the same two telephone  
12 numbers?

13 A. They are.

14 Q. Is one a cell phone and one a home  
15 phone?

16 A. They are.

17 Q. And your mother calls you on both the  
18 cell phone and home phone?

19 A. To the best of my knowledge, yes.

20 Q. And, so, when she was checking you in  
21 at the kiosk, you don't recall whether you needed  
22 to put in your cell phone or home phone into the  
23 kiosk, do you?

24 A. I don't recall what specific phone

1 number it asked for; and I don't recall what  
2 specific phone number I gave it.

3 Q. Do you recall if it asked for a phone  
4 number at all?

5 A. To the best of my recollection, it  
6 asked for a phone number.

7 MR. SWEET: We need a break. We have  
8 been going an hour. Let's take a break.

9 MR. STEINER: If you want to.

10 MR. SWEET: Let's take five minutes.

11 (Break taken.)

12 BY MR. STEINER:

13 Q. So, we are back on the record.

14 On the occasion of your December 23,  
15 2017 visit that is described in the Complaint, did  
16 you have two addresses?

17 A. I do not believe that I did.

18 Q. But nonetheless, you had to tell --  
19 speak out loud to your mother what address you  
20 wanted her to put into the kiosk; is that correct?

21 A. That is correct. As an independent  
22 blind person, I do not prefer to have people just  
23 assume they know what information I prefer to  
24 release. It is my information, and I will do with

1 it as I see fit. And, you know, I state which  
2 information I want entered and that information is  
3 what gets entered.

4 Q. Did your mother ask you whether you  
5 wanted to disclose your address to LabCorp?

6 A. She asked me what questions the kiosk  
7 asked her on my behalf.

8 Q. Even when she knew the answer?

9 A. She asked me the questions that the  
10 kiosk asked her, and I gave her the information  
11 that I wanted her to answer.

12 Q. Now, the check-in process that you  
13 described on December 23, 2017, was that the same  
14 process via the kiosks that you experienced on  
15 October 11, 2016?

16 A. If you could give me a minute to  
17 review the Complaint on that.

18 Q. Sure. That is in Paragraph A of --  
19 21A.

20 MR. SWEET: Is it 21A and 21B, Rob?

21 MR. STEINER: No, I am just referring  
22 to A, the October 11th visit.

23 MR. SWEET: I believe your question  
24 referred to the 2017 visit and the 2016 visit.

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1 MR. STEINER: Sir, you can look at as  
2 much or as little of it as you'd like.

3 MR. SWEET: Please read carefully,  
4 Luke.

5 BY MR. STEINER:

6 Q. Tell me when you are ready, sir.

7 A. Can I ask you to repeat the question,  
8 please?

9 Q. On the occasion of your October 11,  
10 2016 visit to the LabCorp patient service center at  
11 5401 Old York Road, did you work with your mother  
12 to check you in in the same manner as you checked  
13 in on December 23, 2017?

14 A. To the best of my recollection, yes.

15 Q. Okay. And, so, I believe you  
16 testified previously that when you went to the  
17 LabCorp location at 5401 Old York Road on  
18 October 11, 2016, you were told you needed to check  
19 in at the kiosk, correct?

20 A. For the record, you are stating that  
21 address. To the best of my recollection, it was a  
22 different location, but I will assume that address  
23 and answer that the check-in process to the kiosk  
24 was equally as inaccessible and required the same

1 sort of interaction as on the previous occasion.

2 Q. Now, you testified previously to  
3 going to a LabCorp location at 9880 Bustleton  
4 Avenue on or around November 14, 2016.

5 Do you recall that testimony?

6 A. I do.

7 Q. And when you went to the location on  
8 that occasion, were you also directed to check in  
9 at the kiosk?

10 A. To the best of my recollection, I  
11 was.

12 Q. And were you required -- were you  
13 with your mother?

14 A. I do not recall who I was with, if I  
15 was with anyone.

16 Q. Were you able to check in at the  
17 kiosk on that November 14, 2016 date?

18 A. No.

19 Q. How did you check in?

20 A. I was not independently able to check  
21 in at the kiosk. I got assistance either from the  
22 person who drove me there or from someone in the  
23 waiting room.

24 Q. But you don't recall which it was?



1           A.     I do not. I was not offered any  
2 assistance from the LabCorp staff, however.

3           Q.     You were not offered any assistance  
4 by the LabCorp staff on November 14, 2016 to check  
5 in at the kiosk; is that correct?

6           A.     That is correct, to the best of my  
7 recollection.

8           Q.     What do you mean, to the best of your  
9 recollection? Were you offered assistance or you  
10 were not offered assistance?

11          A.     I was never offered assistance at any  
12 time by LabCorp staff to use the inaccessible  
13 kiosks. I do not specifically recall on that date  
14 who assisted me, but it was not LabCorp staff.

15          Q.     Okay. And then on May 9, 2017, you  
16 were at the Bustleton LabCorp PSC again, correct?

17               MR. SWEET: Objection.

18               Rob, where are you pulling this  
19 information from?

20               MR. STEINER: I am pulling it from  
21 the medical records that you produced.

22               MR. SWEET: Very well.

23 BY MR. STEINER:

24          Q.     Is that correct, sir?

1 MR. SWEET: Can you show the records  
2 to Mr. Davis as you ask him questions?

3 MR. STEINER: Jewel, let's post what  
4 is Tab 7 in my binder.

5 MR. SWEET: I don't see why it's a  
6 memory test.

7 MR. STEINER: I am not asking for a  
8 memory test. I am just trying to move the thing  
9 along.

10 MR. TEWIAH: Tab 7 is the May 9, 2017  
11 visit?

12 MR. STEINER: Yes.

13 MR. TEWIAH: I will post it and send  
14 it to the group e-mail.

15 MR. STEINER: Sir, let me know when  
16 you have that from your counsel.

17 MR. SWEET: If you could let me know  
18 when you have sent that.

19 (Exhibit Davis 2, PL-32 through 33, Patient  
20 Report, was marked for identification.)

21 MR. STEINER: While we are waiting,  
22 can you make sure the witnesses are registered for  
23 ExhibitShare on the Veritext site?

24 MR. SWEET: Sure.

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1 THE WITNESS: I am going off audio  
2 and go look at that.

3 MR. SWEET: Is there a specific  
4 provision you want him to check out, Rob?

5 MR. STEINER: All I am going to ask  
6 him is about the date of this instance. You were  
7 the one who raised the records issue. I can  
8 represent the records say the visit was on May 9,  
9 2017 at 9880 Bustleton Avenue.

10 MR. SWEET: I understand. I just  
11 think that if you are asking questions about visits  
12 to specific locations on dates that were more than  
13 four years ago, it is probably helpful to have the  
14 documents in front of him. That is all.

15 (Discussion held off the record.)

16 BY MR. STEINER:

17 Q. Mr. Davis, you should have received a  
18 document which we've marked as Davis 2. It is  
19 stamped BH032 to 033. It reflects a laboratory  
20 testing done by LabCorp on May 9, 2017 at 9880  
21 Bustleton Avenue.

22 So, my question was, sir, is it your  
23 testimony that when you visited that 9880 Bustleton  
24 Avenue LabCorp PSC you were required to check in at

1 the kiosk?

2 A. The document you sent me, at least in  
3 the portion of it I was able to read accessibly,  
4 indicate the date and my name, but I do not see the  
5 address that you are mentioning.

6 Q. The address, sir, just to orient you  
7 -- and I don't know how best to do this, to be  
8 frank is -- I am just representing to you it says  
9 it. It is at the top of the document.

10 MR. SWEET: Let me make this easy for  
11 you. Luke and Rob, we will stipulate that the  
12 document that is marked does list an address of  
13 9880 Bustleton Avenue, Suite 220, Philadelphia,  
14 Pennsylvania 19115.

15 MR. STEINER: Thank you, Ben. I  
16 appreciate that.

17 BY MR. STEINER:

18 Q. You, sir, understand that to be a  
19 LabCorp patient service center, correct?

20 A. Correct.

21 Q. And it is your testimony that on the  
22 date that you went to that LabCorp patient service  
23 center, you were directed to use the kiosk; is that  
24 correct?

1           A.     To the best of my recollection, that  
2     is correct.

3           Q.     Was it your mother that assisted you  
4     checking in at the kiosk?

5           A.     I do not recall.

6           Q.     Were you required to provide personal  
7     information to anyone in order to check in at the  
8     kiosk on May 5 -- I am sorry -- on May 9, 2017?

9           A.     I was always required to provide  
10    personal information when checking in at any kiosk  
11    with someone filling in the information on the  
12    kiosk.

13          Q.     Was there ever occasions where you  
14    used the kiosk by simply scanning in your  
15    identification and/or insurance card?

16               MR. SWEET: Rob, do you mean him  
17    alone or him with assistance?

18               MR. STEINER: Sure.

19    BY MR. STEINER:

20          Q.     Were you ever to check in with  
21    assistance at the kiosk simply by scanning your  
22    identification and insurance information?

23          A.     I do not recall if there were any  
24    occasions on which I was able to -- I was never

1 independently able to use the kiosk. I do not  
2 recall if there were any occasions on which I was  
3 able to have the person assisting me just scan a  
4 card to operate the kiosk without entering  
5 information. I do not recall.

6 Q. And the personal information that you  
7 contend that you were required to provide out loud  
8 was your name, address, and phone number, correct?

9 A. The personal information that I had  
10 to speak out loud in the various waiting rooms, to  
11 the best of my recollection, included some or all  
12 of my name, address, and phone number. I do not  
13 recall specifically which of those pieces of  
14 information were required at which times or if  
15 other information was required such as my date of  
16 birth, as I mentioned earlier, when I did the  
17 walk-in visit on October 11, 2016.

18 Q. On each occasion that you visited a  
19 LabCorp patient service center, were you able to  
20 get blood or urine drawn as prescribed by your  
21 physician?

22 A. Yes.

23 Q. Can you identify the names of any of  
24 the individuals you spoke to at a LabCorp patient